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COVER LETTER

| TO: | Registration Section Division of Corporations |
|----------|---|
| SUBJI | KMP-USA, LLC CCT: |
| | Name of Limited Liability Company |
| | closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate ace, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. |
| Please | return all correspondence concerning this matter to the following: |
| | IVAN A GUERRERO |
| | Name of Person |
| | IVAN A GUERRERO PA |
| | Firm/Company |
| | 44 W FLAGLER STREET STE 1445 |
| | Address |
| | MIAMI, FL 33130 |
| | City/State and Zip Code |
| | E-mail address: (to be used for future annual report notification) |
| For fur | ther information concerning this matter, please call: |
| . 01 141 | |
| | 1VAN A GUERRERO ESQ 786 536-9088at () |
| | Name of Contact Person Area Code Daytime Telephone Number |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclos | ed is a check for the following amount: \$\Boxed{\text{\$\subset}\$ \$125.00 \text{ Filing Fee} } \text{\$\subset \$\subset \$\s |

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 4, 2016

IVAN A GUERRERO IVAN A GUERRERO PA 44 W FLAGLER STREET STE 1445 MIAMI, FL 33130

SUBJECT: KMP-USA, LLC Ref. Number: W16000053951

We have received your document for KMP-USA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is B16000000099.

Please return your document, along with a copy of this letter, within 60 days or $\frac{6}{5}$ your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II 6 SEP 30 AM 9: 56

Letter Number: 116A00016426

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (If name unavailable, enter al Liability Company," "L.L.C, | ternate name adopted for the purpose of transa | cting business in Florida. The alternate name | must include "l | Limited |
|--|--|---|------------------|-------------------------------|
| TEXAS | | 6-0520187 | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable) | | - |
| | ERED AS AN LLP - B16000000099 | | | |
| 7. | (Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S. | da, if prior to registration.) | | |
| KMP-USA,LLC | (See Sections 003.0707 & 003.0703, 17.5. | . to determine penalty habitity) | | |
| 1234 N POST OAK RO | OAD, HOUSTON TX 77055 | | | |
| | (Street Address of Principal C | Office) | | |
| 6. KMP-USA, LLC | | | | |
| 1234 NORTH POST O | OAK ROAD, HOUSTON TX 77055 | | 5 | <u> </u> |
| · · · · · · · · · · · · · · · · · · · | (Mailing Address) | <u></u> | 19 (7) (8) | |
| 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | | NOT acceptable) | 30 | - 1 - 1 - 1 |
| Name: | ORLANDO BELTRAN | | <u> </u> | |
| | 1728 NW 82nd Avenue | | ۻ | \$ 10 |
| Office Address: | | | . 2 | |
| | Doral | , Florida <u>33126</u> | U1 | F |
| Registered agent's accep | (City) | (Zip code) | | |
| | Eisterea agent ana iv accept service vi Dr | | | |
| Having been named as red designated in this applica to complywith the provisi accept the obligations of t | ation, I hereby accept the appointment as a cons of all statutes relative to the proper as my position as registered agent (Registered agent) | registered agent and agree to act in this and complete performance of my duties, and signature) | | irther agree |
| Having been named as redesignated in this applicate to complywith the provision accept the obligations of the control of the c | acity and address of the person(s) who has | registered agent and agree to act in this and complete performance of my duties, a signature) //have authority to manage is/are: | | irther agree |
| Having been named as redesignated in this applicate to complywith the provision accept the obligations of the control of the c | ation, I hereby accept the appointment as a cons of all statutes relative to the proper as my position as registered agent (Registered agent) | registered agent and agree to act in this and complete performance of my duties, a signature) //have authority to manage is/are: | | irther agree |
| Having been named as redesignated in this applicated in this applicated complywith the provision accept the obligations of the same of the | acity and address of the person(s) who has | registered agent and agree to act in this and complete performance of my duties, a signature) // have authority to manage is/are: Oak Road, Houston TX 77055 | | irther agree |
| Having been named as redesignated in this applicated in this applicated complywith the provision accept the obligations of the obligations of the same and the same applications. The name, title or capallosePH EISENBERG, A | ition, I hereby accept the appointment as a cons of all statutes relative to the proper as my position as registered agent. (Registered agent accity and address of the person(s) who has a AUTHORIZED MEMBER - 1234 N. Post | registered agent and agree to act in this and complete performance of my duties, a signature) // have authority to manage is/are: Oak Road, Houston TX 77055 | | irther agree |
| Having been named as redesignated in this applicate to complywith the provision accept the obligations of a second | Registered agent (Registered agent (Registered agent acity and address of the person(s) who has MUTHORIZED MEMBER - 1234 N. Post (MANAGER - 1728 NW 82nd Avenue, Do of existence, no more than 90 days old, do of which it is organized. (If the certificate ubmitted) | registered agent and agree to act in this and complete performance of my duties, a signature) Thave authority to manage is/are: Oak Road, Houston TX 77055 oral FL 33126 uly authenticated by the official having cuits in a foreign language, a translation of the | und I am fam. | irther agree iliar with ai |
| Having been named as redesignated in this applicate to complywith the provision accept the obligations of a second | Registered agent (Registered agent acity and address of the person(s) who has AUTHORIZED MEMBER - 1234 N. Post of existence, no more than 90 days old, do of which it is organized. (If the certificate | registered agent and agree to act in this and complete performance of my duties, a signature) Thave authority to manage is/are: Oak Road, Houston TX 77055 oral FL 33126 uly authenticated by the official having cuits in a foreign language, a translation of the | und I am fam. | irther agree iliar with ai |

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JOSEPH EISENBERG

*Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for KMP-USA, LLC (file number 802469630), a Domestic Limited Liability Company (LLC), was filed in this office on May 31, 2016.

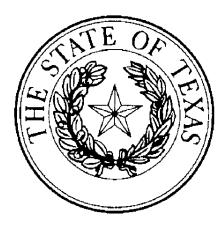
It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate IRWIN M BARG as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

1234 NORTH POST OAK RD., STE 130

HOUSTON, TX - 77055 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 30, 2016.



Carlos H. Cascos Secretary of State