SPOODSTIN

	J	
(Re	equestor's Name)
	l	
(Ac	ldress)	I
		,
	ldress)	1
(AC	iaress)	
(Cit	ty/State/Zip/Phor	: :
(0)	tyroteterziphi noi	iç #)
PICK-UP	☐ WAIT	☐ MAIL
☐ FICK-UP	U WAII	L IVIAIL
		<u>,</u>
(80	siness Entity Na	me)
	ocument Number	<u>, </u>
(50)		,
		1
Certified Copies	Certificate	siof Status
· _	_	
		3
Special Instructions to	Filing Officer	ï
Special instructions to	r imig Omcer.	
		ı
		j
		<u> </u>

Office Use Only



300305752263

D SCOTT

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE: 935929 7676095 AUTHORIZATION COST LIMIT ORDER DATE: November 30, 2017 ORDER TIME : 3:31 PM ORDER NO. : 935929-005 CUSTOMER NO: 7676095 FOREIGN FILINGS NAME: KNC OPERATIONS LLC XXXX QUALIFICATION (TYPE: <u>LL</u>) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY _ _ CERTIFICATE OF GOOD STANDING

EXAMINER: _____

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

TO:

Registration Section

Division of Corporations	
KNC Operations LLC SUBJECT:	
Name o	of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Cor Existence, and check are submitted to register the above refi	inpany for Authorization to Transact Business in Florida." Certificate of erenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the	
	Name of Person
	Firm/Company
	Address
Cind	State and Ti- C-1
Chy/.	State and Zip Code
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please call:	
	at ()
Name of Contact Person	Arca 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
Enclosed is a check for the following amount: \$\Bigsup \\$125.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0X02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware (Jurisdiction under the law of which December 1, 2017		3. 47-26	583787	ability Corupany," "I, L.C," or "LLC.
Delaware (Jurisdiction under the law of which December 1, 2017 2700 N. Ocean Drive, TS (Street Address of Princ	foreign limited liability company is organized) [Date first transacted business in Florida, if (See sections 605,0904 & 605,0905, F.S. to	prior to registration.) determine penalty liability)	583787	
December 1, 2017 2700 N. Ocean Drive, TS (Street Address of Princ)	(Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to	prior to registration.) determine penalty liability)	(FEI nun	ober, if applicable)
2700 N. Ocean Drive, TS (Street Address of Princ	HA	determine penalty liability)		
2700 N. Ocean Drive, TS (Street Address of Princ	HA	determine penalty liability)		
(Street Address of Princ	HA	determine penalty liability)		
(Street Address of Princ		6		
	ipa Office)			
			(Mailing Adi	dress)
				
			·	
Name and street address o	f Florida registered agent: (P.(),	. Box <u>NOT</u> acceptal	ble)	
Name: Je	effrey A. Citron			
Office Address: 23	700 N. Ocean Drive TS11A			
	· · · · · · · · · · · · · · · · · · ·			
<u>_S</u>	inger Island		. Florida 33404	
gistered agent's acceptan	(City)		(Zip cod	<u></u> k)
	Deposition m	con's vignantre)		
Jel	frey A. Citron	-		# 글#
The name, title or capacity	and address of the person(s) wh	in has/haws authoric		
		io may nave audiority	to manage is/are:	20
Title or Capacity:	Name and Address:	Title or C	to manage is/are:	Name and Address:
Title or Capacity: Manager	Name and Address: Jeffrey Citron	Title or C	to manage is/are: apacity:	(3)
title or Capacity;	Jeffrey Citron 2700 N. Ocean Drive TS1	<u>Title or C</u>	to manage is/are:	
title or Capacity;	Name and Address: Jeffrey Citron	<u>Title or C</u>	/ to manage is/are: apacity:	(3)
Manager	Jeffrey Citron 2700 N. Ocean Drive TS1 Singer Island, FL 33404	<u>Title or C</u>	to manage is/are:	
tide or Capacity;	Jeffrey Citron 2700 N. Ocean Drive TSI Singer Island, FL 33404 Suzanne Citron	Title or C	to manage is/are:	
Manager	Jeffrey Citron 2700 N. Ocean Drive TSI Singer Island, FL 33404 Suzanne Citron 2700 N. Ocean Drive TSI	Title or C	/ to manage is/are: apacity:	
Manager	Jeffrey Citron 2700 N. Ocean Drive TS1 Singer Island, FL 33404 Suzanne Citron 2700 N. Ocean Drive TS1 Singer Island, FL 33404	Title or C	to manage is/are:	

Typed or printed name of signer



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KNC OPERATIONS LLC." IS DULY FORMED

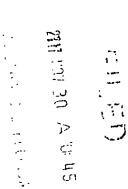
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE THIRTIETH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KNC OPERATIONS LLC." WAS FORMED ON THE FIFTEENTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.





Authentication: 203659610

Date: 11-30-17

5675607 8300 SR# 20177317269