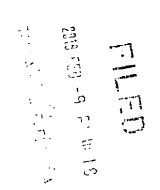
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(Requestor's Name)								
(Address)								
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PICK-UP WAIT MA	IL							
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								



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Office Use Only

D. SCOTT FEB 12 2018



January 8, 2018

Division of Corporations Registration Section P.O. Box 6327, Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Registration of Delaware LLC to Transact Business NKW MMR CL, LLC

Dear Sir or Madam:

With respect to the above named Delaware company, please find the following items enclosed;

- 1. form Cover Letter
- 2. Application By Foreign Liability Company For Authorization To Do Business in Florida
- 3. Delaware Certificate of Formation
- 4. Delaware Letter of Good Standing
- 5. Check in the amount of \$160.00
- 6. Return Fed Ex Envelope with label

Your assistance in completing this registration is greatly appreciated, including the return of our certified documents in the enclosed Federal Express envelope.

Please contact me should there be anything further that you require.

Sincerely yours,

GALBUT, WALTERS & ASSOCIATES, LLP

ALAN S. WALTERS, ESQ.

ASW:aw

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:		NKW	MMR	CL, LLC				_	
		Name of	f Limit	ed Liability (Сотралу				
		eign Limited Liability Con d to register the above refe							
Please return all	correspondence c	oncerning this matter to the	e follo	wing:					
		Al	an S. V	Valters, Esq.					
		1	Vame o	of Person	-			-	
		Galbut, Wa	lters &	. Associates,	LLP				
		Ī	Firm/C	ompany				_	
		4770 Biso	cayne F	Bivd., Ste 14	00				
			Add	iress				-	
		Miami	i, Flori	da 33137			7: 6	3110	
City/State and Zip Code							. ·	<u>-</u> -	, , , , , , , , , , , , , , , , , , ,
awalters@galbutwalters.com								.0	e manage M
		E-mail address: (to be use	ed for f	future annual	report no	tification)		; -1	1
For further information concerning this matter, please call:								+, _⊊	
	Ala	n S. Walters	at (786)	245-2317	, . 	د	
	Name o	f Contact Person		Area Code	Day	time Telephoi	ne Number	-	
Divisior Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 ssee, FL 32314				Division Registrat Clifton B 2661 Exe	of Corporation ion Section Section Section Suilding sective Center see, FL 32301	ns		
Enclosed is a che	ck for the follow .00 Filing Fee	ing amount: \$\Bigsim \\$130.00 \text{ Filing Fee & Certificate of Status}\$		\$155.00 Filir rtified Copy	ig Fee &	■ \$160.00 l of Status &			ate

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:

- 1. NKW MMR CL, LLC, a Delaware limited liability company (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LL.C.,")
- 2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-3398951

(FEI number, if applicable)

4. At time of registration.

(Date first transacted business in Florida, if prior to registration.) (See sections 605-0904 & 605-0905, F.S. to determine penalty liability.)

- 5. 4770 Biscayne Blvd., Ste 1080, Miami, Florida 33137 (Street Address of Principal Office)
- 6. 4770 Biscayne Blvd., Ste 1400, Miami, Florida 33137
- 7. Name and street address of Florida registered agent:

Name:

Alan S. Walters, Esq.

Office Address:

Galbut, Walters & Associates, LLP

4770 Biscayne Blvd., Ste 1400

Miami, Florida 33137

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

- 8. The name, title or capacity and address of the person(s) who has/have authority to manage are: Eric B. Galbut, Manager, 4770 Biscayne Blvd, Ste 1080, Miami, Florida 33137 Marc Rovner, Manager, 4770 Biscayne Blvd, Ste 1080, Miami, Florida 33137
- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized.

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NKW MMR CL, 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 SEVENTH DAY OF FEBRUARY, A.D. 2018.





Authentication: 202103469

Date: 02-07-18

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