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SECRETARY OF STATE

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#### **COVER LETTER**

TO:		ation Section 1 of Corporation	as.				
SUBJE	Kei E <b>CT</b> :	ndall One, LLC					
Name of Limited Liability Company							
						unsact Business in Florida," ( company to transact busine	
Please	return all	correspondence c	oncerning this matter to the	following:			
		Terrence Griffi	ths				
			Na	nme of Person			
	Riveles Wahab, LLP						
Firm/Company							
	40 Wall Street, 28th Floor						
New York, NY 10005							
City/State and Zip Code							
		terrence@randwi	awfirm.com & Rosskarel@j				
	-		E-mail address: (to be used	for future annual	report not	ification)	
For fur	ther inforr	nation concerning	g this matter, please call:				
Terrence Griffiths		646 _ at (	502-72				
		Name o	f Contact Person	Area Code	Day	time 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					
Enclose		ck for the follow .00 Filing Fee	ing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy	

## 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. Kendall One, LLC (Name of Foreign	gn Limited Liability Company; must include "Limit	ed Liability Company," "L.L.C.," or "LI.C.	")		
(If name unavailable, enter alternat	e name adopted for the purpose of transacting business in FI	orida. The alternate name must include "Limited Li	iability Company," "L L C," or "LLC")		
2. Illinois		_			
	which foreign limited liability company is organized)	(FEI num	nber, if applicable)		
4	Day Good and the same Clouds of growth	Supplementary V			
	(Date first transacted husiness in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	nine penalty liability)			
5. 17325 Ladera Estate Blvd (Street Address of Principal Office) Lutz, FL 33548		6. 17325 Ladera Estate Blvd (Mailing Address) Lutz, FL 33548			
7. Name and street addr	ress of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)			
Name:	Ross Karel				
Office Address	17325 Ladera Estate Blvd				
	Lutz	, Florida 33548	± 6 €		
Registered agent's acco	(City)	(Zip co	Me C		
. ,	(Registered agent)  (Registered agent's apacity and address of the person(s) who h	-	M 12: 39		
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:		
Manager	Ross Karel				
	17325 Ladera Estate Blvd Lutz, FL 33548	<del>-</del>			
Manager	Stuart Kaufman				
	17325 Ladera Estate Blvd Lutz, FL 33548				
(Use attachments if nec	essary)				
jurisdiction under the la- of the translator must be 10. This document is ex-	the of existence, no more than 90 days old, wo of which it is organized. (If the certifical submitted)  ecuted in accordance with section 605.020 to the Department of State constitutes a the	te is in a foreign language, a transla 3 (1) (b), Florida Statutes, I am awa	ation of the certificate under oath		
	Signatur	e of an authorized person			
	Ross Karel, Manager Typed o	oss Karel or printed name of signice	***************************************		

### File Number

0632330-8



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

KENDALL ONE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 09, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of FEBRUARY A.D. 2018 .

Authentication #: 1804601592 verifiable until 02/15/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE