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18 JUL -3 PH fr 14

K. SALY JUL - 5 2018 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 286053 7295683

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : July 3, 2018

ORDER TIME : 3:0 PM

ORDER NO. : 286053-005

CUSTOMER NO: 7295683

FOREIGN FILINGS

NAME: KHRG KEY WEST LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: ____

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN TUMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	aine adopted for the purpose of transacting business in Flori	ida. The alternate name must include "Limited Liab	tlity Company," "L.L.C," or "ELC.")
Delaware		3	· '2 - (1.11)
(Jurisdiction under the law of w	hich foreign lansted liability company is organized)	(F&I muibe	er, if applicable)
upon filing			
·	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine	egistration) ie penalty liability)	
222 Kearny Street, Sui	ite 200	6. 222 Kearny Street, Suite 20	0
(Street Address of Principal Office)		(Mailing Addre	
San Francisco, CA 94	108	San Francisco, CA 94108	<u> </u>
			10 to 10
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	مه مین در این در ای مینید در این
			一 一 一
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		明二は
(171102712111000)	7.11.1		7. *
	Tallahassee (City)	, Florida 32301 (Zip code	
comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my posi tion as registered agent. Corpolation Satvica Company)	— R	in this capacity. I further ag luties, and I am familiar wit oxanne Turner t. Vice President
o comply with the provision accept the obligation 3. The name, title or capa	ions of all statutes relative to the proper s of my position as registered agent. Corpolation Satvica Company By: (Registered agent's calculus and address of the person(s) who ha	and complete performance of my of Richard Assignments. S/have authority to manage is/are:	luties, and I am familiar with oxanne Turner t. Vice President ——
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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KHRG KEY WEST 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 THIRD DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KHRG KEY WEST LLC" WAS FORMED ON THE THIRD DAY OF JULY, A.D. 2018.

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

18 JUL -3 AH 7: 39
SCONTIANTOR STATE



Authentication: 203005207

Date: 07-03-18

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