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. COVER LETTER

TO: Registration Section

Division of Corporations			
SUBJECT: KESTREL ASS	of Limited Liability Company	1C	
The enclosed "Application by Foreign Limited Liability Co Existence, and check are submitted to register the above ref	. ,		
Please return all correspondence concerning this matter to t	he following:		
LILLIA.	Name of Person		
KESTREI	ASSOCIATE Firm/Company	s, uc	
	Address	RACE	
PONTE V	EDRA BEA	CH, FL 32082	
E-mail address: (to be u	sed for future annual report no	(CORPORATION. COM	
For further information concerning this matter, please call:			
LILLIAN GARCIA Name of Contact Person	at (904) 58 Area Code Day	ry - 5287 gtime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registrat Clifton F 2661 Exc	T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301	-
Enclosed is a check for the following amount: \$\sum_{\text{S125.00}} \text{Filing Fee} \text{S130.00 Filing Fee & Certificate of Status}	☐ \$155.00 Filing Fee & Certified Copy	S160.00 Filing Fee, Certificate	lar.

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

IN COMPILANCE 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: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Limited Liability Company," "L. L. C," or "L.L.C.") PONTE VENRA BEACH, F. 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CARLOS O. FERNANDEZ Name: Office Address: 2555 PONCE DE LEON BLVD STE 210 CORAL GABLES , Florida 33134 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Title or Capacity: Name and Address: PRESIDENT LILLAN GARCIA MGR 520 E MOSS WOOD 520 E MOSS WOOD PONTE VEDRA BEACH PONTE YEARA BEACH FL, 32082 FL, 32082 ERIC JOHNSON (Use attachments if necessary) 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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 begree felony as provided for in s.817.155, F.S. Specialize of an authorized person FRIC JOHNSON
Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Kestrel Associates LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 31**, **2013**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2013-000644487**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 28th day of August, 2018 at 12:21 PM. This certificate is assigned 027747631.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.

STATE OF WYOMING * SECRETARY OF STATE EDWARD A. BUCHANAN BUSINESS DIVISION

2020 Carey Avenue, Cheyenne, WY 82002-0020 Phone 307-777-7311 · Fax 307-777-5339 Website: http://soswy.state.wy.us · Email: business@wyo.gov

Validation of Certificate of Good Standing for Certificate Issued 08/28/2018

Validation Certificate Generated: August 28, 2018

Certificate number 027747631 is a valid number for a certificate of good standing issued by the Wyoming Secretary of State's office for **Kestrel Associates LLC**, a **Limited Liability Company** formed or qualified under the laws of Wyoming on **05/31/2013**.