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Foreign Limited Liability Company GROUP K 2 HOLDINGS LLC

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N CULLIGAN

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

fitame utravailable, etter alternata :	name adopted for the purpose of transacting but	mess in Florida. The alterna	te name must include "Limited Li	ability Company," "L.L.C," or "LLC.")
DELAWARE		3 38	-3928075	
(lunisdiction under the law of w	blob fareign limited liability company is organi	red)		ober, if applicable)
09/14/2018				
·	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S	of prior to registration.)		75 ZA
215 CELEBRATION		6.		FG 85 TI
(Street Address of	Principal Office)	o	(Mailing Ad	dress) <u> </u>
CELEBRATION FL	34747			PP -
				SEX I
. Name and street addre	ss of Florida registered agent: (P		ptable)	EF 1. 95. 2
Name:	US TAX CONSULTING INC		_	
Office Address:	5401 S KIRKMAN RD STE	135		
	ORLANDO			
	(Cip)		, Florida 32819	de)
esignated in this applicate comply with the provis	gistered agent and to accept ser tion, I hereby accept the appoint ions of all statutes relative to the s of my position as registrated ag	tmeny at registered proper and compl	agent and agree to act	t in this capacity. I further ag
esignated in this applica comply with the provis	tion, I hereby accept the appointions of all statutes relative to the s of my position as registrated ac	imens at registered proper and comple	agent and agree to act	t in this capacity. I further agr
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esignated in this applicate comply with the provise and accept the obligation. The name, title or cap Title or Capacity: ANSAL Use attachments if neces. Attached is a certificate	Region and address of the person(s) Name and Address: CARLOS KVB07 215 CELEBRAHO 34747 sary) of existence, no more than 90 day of which it is organized. (If the co	imental registered appear and complete and complete and complete appear of the complete app	agent and agree to act ete performance of my ority to manage is/are: or Capacity;	t in this capacity. I further agr duties, and I am familiar with Name and Address: aving custody of records in the

Typed or printed name of signes

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GROUP K2 HOLDINGS, 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GROUP K2 HOLDINGS, LLC" WAS FORMED ON THE FIFTH DAY OF MARCH, A.D. 2014.

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

Authentication: 203431681

Date: 09-17-18