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N CULLIGAN

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

IN COMPUANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TUMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	carre adopted for the purpose of transacting business in Flo	ends. The alternate status must include "Lamited	Liability Company," "L. L. C," or "LLC";	
Defaware		3		
(Jurisdiction under the law of w	high foreign limited hability company is organized)	(FEI et	(FEI mumber, if applicable)	
10/05/2018				
	(Date first transacted business in Florida if prior to (See acctions 605 (PRN & 605 (P05, F.5 to determ	registration) or penalty hability)		
c/o Kohlberg Kravis f	Roberts & Co.	6. c/o Kohlberg Kravis Rol	berts & Co.	
(Sixed Address of Principal Office)		(Mailing Address)		
9 West 57th Street, 42nd Floor		9 West 57th Street, 42nd	Floor 70 B	
New York, NY 10019)	New York, NY 10019		
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	CT -5 RETAR	
Name:	Corporate Creations Network Inc.		EF SF	
Office Address:	11380 Prosperity Farms Road #221E			
Office Address.	D. I D Co-d	37110	8: 3.	
esignated in this applica comply with the provis	Palm Beach Gardens (Cay) otance: egistered agent and to accept service of jution, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent.	is registered agent and agree to a rand complete performance of n	ted liability company at the pla- ict in this capacity. I further a ny duties, and I am familiar wh	
laving been named as re esignated in this applice comply with the provis	otance: egistered agent and to accept service of patients, I hereby accept the appointment a lions of all statutes relative to the proper s of my position as registered agent. By:	process for the above stated limbs registered agent and agree to a rand complete performance of n Rachel Kauffman, Spe	ted liability company at the place tet in this capacity. I further apply duties, and I am familiar with	
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laving been named as resignated in this applicate comply with the provising accept the obligation. The name, title or cap Title or Capacity: Vice President Member Use attachments if necess. Attached is a certificate	otance: registered agent and to accept service of piton, I hereby accept the appointment at ions of all statutes relative to the property of my position as registered agent. By: (Registered agent) actity and address of the person(s) who has a new and Address: Michael Friedland 9 West 57th Street, 42nd Fl New York, NY 10019 KRE SOFLO Venture LLC 9 West 57th Street, 42nd Fl New York, NY 10019 soary) of existence, no more than 90 days old, of which it is organized. (If the certifical	process for the above stated limits registered agent and agree to a rand complete performance of n Rachel Kauffman, Spengature) as/have authority to manage is/are Title or Capacity: duly authenticated by the official	ted liability company at the planic in this capacity. I further any duties, and I am familiar with ecial Secretary Name and Address:	

Typed or printed name of aignee

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KRE SOFLO VININGS, 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 FIFTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KRE SOFLO VININGS, LLC" WAS FORMED ON THE FIFTH DAY OF OCTOBER, A.D. 2018.

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



Authentication: 203560793

Date: 10-05-18