Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180003381913)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number \*\*Enter the email address for this business entity to be used for forure annual report mailings. Enter only one email address please. \*\* 5 Email Address:\_\_\_\_\_ Foreign Limited Liability Company

MEYERS RESEARCH, LLC

Certificate of Status	U
Certified Copy	
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TUMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, onter alternate	name adopted for the purpose of transacting business in I	Florida The alic	mate name must include "Lumred Lub.	bry Continuoy " 'L L C " or "	······································
DELAWARE	. The state of the		45-4723472	iny company, and c, or	
<b>∠.</b>	which foreign birated hability company is organized)	3		r, if applicable)	
4.					
	(Date first transacted business in Florida, if prior (See sections 603 0904 & 603 0905; F.S. to deter	to registration.) rithuic penalty li.	ibrliis)		
5. 3200 BRISTOL STR	_	6	3200 BRISTOL STREET	<u> </u>	<u>~~</u>
(Street Address of SUITE 640	(Principal Office)		(Mailing Addre SUTTE 640	*)	<b>=</b>
COSTA MESA, CA	92626	-	COSTA MESA, CA 92626		- NO
		-		<i>S</i> , 50	28
7. Name and street addr	ess of Florida registered agent: (P.O. Bo	ux <u>NOT</u> ac	ceptable)	₩°	28 P#  28 P#
Name:	C T Corporation System			For	<b>*</b>
0.00	. 1200 South Pine Island Road		<u></u>	SE SE	<b>9</b> 9
Office Address	•	<del></del>		ĘT	$\overline{\omega}$
	Plantation (Crs)		. Florida 33324		
	ons of my position as registered agent.	7~4	•		
	By: C T Corporation System	THOU	u Paeta	مـــــ Maria Ozaeta,	Vice Presiden
	(Registered agen	it's signature)	a Baeta	Maria Ozaeta.	, Vice Presiden
8. The name, title or ca Title or Capacity:	<u> </u>	has/have a	uthority to manage is/are: le or Capacity:	Maria Ozaeta,  Name and Addre	
	(Registered agen spacity and address of the person(s) who Name and Address: Kennedy-Wilson, Inc	has/have a		<u></u>	
Title or Capacity:	(Registered agen apacity and address of the person(s) who Name and Address:	has/have a		<u></u>	
Title or Capacity:	(Registered agen spacity and address of the person(s) who Name and Address: Kennedy-Wilson, Inc. 151 S. El Camino	has/have a		<u></u>	
Title or Capacity:	(Registered agen spacity and address of the person(s) who Name and Address: Kennedy-Wilson, Inc. 151 S. El Camino	has/have a		<u></u>	
Title or Capacity:	(Registered agen spacity and address of the person(s) who Name and Address: Kennedy-Wilson, Inc. 151 S. El Camino	has/have a		<u></u>	
Title or Capacity:	(Registered agen spacity and address of the person(s) who Name and Address: Kennedy-Wilson, Inc 151 S. El Camino Beverly Hills, CA 90212	has/have a		<u></u>	
Title or Capacity:  Member  (Use attachments if nec	(Registered agen spacity and address of the person(s) who Name and Address: Kennedy-Wilson, Inc 151 S. El Camino Beverly Hills, CA 90212  ressary) ate of existence, no more than 90 days of wor which it is organized. (If the certific	has/have a	le or Capacity:	Name and Addre	ess:
Title or Capacity:  Member  (Use attachments if nec  9. Attached is a certification under the late of the translator must be  10. This document is ex	(Registered agen spacity and address of the person(s) who Name and Address: Kennedy-Wilson, Inc 151 S. El Camino Beverly Hills, CA 90212  ressary) ate of existence, no more than 90 days of wor which it is organized. (If the certific	d, duly auticate is in a	nenticated by the official har foreign language, a translati	ving custody of reco	ords in the under oath
Title or Capacity:  Member  (Use attachments if nec  9. Attached is a certification under the late of the translator must be  10. This document is ex	(Registered agen spacity and address of the person(s) who Name and Address: Kennedy-Wilson, Inc 151 S. El Camino Beverly Hills, CA 90212  ressary) ate of existence, no more than 90 days of wof which it is organized. (If the certific submitted) recuted in accordance with section 605.05	d, duly auticate is in a	nenticated by the official har foreign language, a translati	ving custody of reco	ords in the under oath
Title or Capacity:  Member  (Use attachments if nec  9. Attached is a certification under the late of the translator must be  10. This document is ex	ressary)  ate of existence, no more than 90 days of wolfwhich it is organized. (If the certific submitted)  ecuted in accordance with section 605.03 to the Department of State constitutes a	d, duly auticate is in a	nenticated by the official har foreign language, a translati Florida Statutes. I am aware the felony as provided for in s	ving custody of reco	ords in the under oath
Title or Capacity:  Member  (Use attachments if nec  9. Attached is a certification under the late of the translator must be  10. This document is ex	ressary)  ate of existence, no more than 90 days of wolfwhich it is organized. (If the certific submitted)  ecuted in accordance with section 605.03 to the Department of State constitutes a	d, duly auticate is in a	nenticated by the official har foreign language, a translati Florida Statutes. I am aware the felony as provided for in s	ving custody of reco	ords in the under oath

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MEYERS RESEARCH, 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 TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2018.

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

211 NOV 28 RM 8: 15

--(

Jeffrey W. Bullock, Socretary of State

Authentication: 203974385

Date: 11-27-18

5117663 8300 SR# 20187832214