## M18000011035

(Ke	questor's Name)	
(Ad	dress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	rsiness Entity Nar	me)
(50	isiness Littly Har	ne,
(Do	ocument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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## COVER LETTER

TO: Registration Section

Div	ision of Corporations				
SBRIETE	Superabrasives LLC				
		Name of Limited Liability Company			
				ation to Transact Business in Florida ted liability company to transact busi	
Please return	all correspondence concerni	ng this matter to the follo	owing:		
	Seth Z. Joseph				
		Name	of Person		_
	Seth Z. Joseph, P.A.				
		Firm/C	Company		-
	255 Alhambra Circle, #1250				
		Ac	ldress		_
	Coral Gables, FL 3313-	4			
•		City/State :	ınd Zip Code		_
	sjoseph@josephlawfirm.				
•	E-mai	l address: (to be used for	future annual	report notification)	-
For further in	nformation concerning this m	atter, please call:			
Set	h Z. Joseph	at	305	445-5383	
	Name of Conta		Area Code	Daytime Telephone Number	_
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
_	check for the following amo \$125.00 Filing Fee	\$130.00 Filing Fee &			Fee, Certificate
		Certificate of Status	Certifi	ed Copy of Status & Ce	rtified Copy

## 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter altomate	name adopted for the purpose of transacting business in Flori	ids. The alternate name must include "Limited Liability Compar	ıy," "L.L.C," or "LLC.")
Delaware	·	83-2462876 3.	
(Juristiction under the law of	which foreign limited liability company is organized)	(FEI number, if applice	ble)
	Date first transacted business in Florida, if prior to re	restration )	
7 <del>7.0.003 343881</del> '	(Date first transacted business in Florida, if prior to m (See sections 605,0904 & 605,0905, F.S. to determin		
(Street Address of	Principal Office)	6. (Mailing Address)	<del></del>
Mismi, Florida 33154	3041 GATEWAY DA. POMPANO BEACH, FL	Miami, Florida 33154	
	33069	•	
Name and <u>street addis</u>	ess of Florida registered agent: (P.O. Box	NOT acceptable)	8 NOV 30
Name:	Seth Z. Joseph		PH
Office Address:	255 Alhambra Circle, #1250		- - - -
	Coral Gables	33134 , Florida	7
	(City)	(Zip code)	

Mgr	KHYBER PASS HOLDING INC	
	PO BOX 545881	
	MIAMI BEACH, FL 33154	
		SECHE DIVISION 18 NO
		NOV 30
		OF STATE DREPORATIONS PH 5: 17
		17
attachments if necessary)		
	e, no more than 90 days old, duly authenticated by the official havis organized. (If the certificate is in a foreign language, a translatic	
	ordance with section 605.0203 (7) (b). Florida Statutes. I am aware tment of State constitutes a third degree felony as provided for in s.	
	Lut 2/2	

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SUPERABRASIVES 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 TWENTIETH DAY OF NOVEMBER, A.D. 2018.



Authentication: 203938573

Date: 11-20-18