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Thank you!

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TO:		ration Section n of Corporations						
SUBJE		ENDLESS VACA	LLC					
1707702	···		N	ame of Lin	ited Liability C	Company		
The enc Existence	losed "A	pplication by Forei heck are submitted	gn Limited Liabilit to register the abov	y Company e reference	y for Authoriza ed foreign limit	tion to Transac ed liability con	t Business in Florida," npany to transact busin	Certificate of ess in Florida.
Please re	eturn all	correspondence co	ncerning this matte	r to the fol	lowing:			
		GERARDO RO	MAGUERA					
				Name	of Person			
		KC PARTNERS	LLC					
				Firm	Company			
		6625 MIAMI LA	KES DR E, SUIT	E 477				
				A	ddress		-	
		MIAMI LAKES,	FL 33014					
				City/State	and Zip Code			
		JERRY@KCPAF	RTNERSLLC.COM	И				
			E-mail address: (to	be used for	r future annual	report notifica	tion)	
For furt	her infor	mation concerning	this matter, please	cail:				
	GERA	RDO ROMAGUE	RA	8	786 at (285-2773		
		Name of	Contact Person		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				
		ed is a check for the make check payabl			ENT OF STA	TE		
	□ \$1:	25.00 Filing Fee	\$130.00 Filis Certifica	ig Fee & te of Status		Filing Fee & ed Copy	\$160.00 Filing of Status & Cer	

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:

1	JJ ENDLESS							
•	(Name of Foreign	Limited Liability Company; must include "Limi	ited Liabilit	y Company,"	"L.L.C.," or "LLC.")			
(If	name unavailable, enter siternate n	ame adopted for the purpose of transacting business in F	lorida. The a	lternate name m	ust include "Limited Liability	Company," "L.L.C," or	"LLC.")	
	DELAWARE		3.		(FEI munber, if		<u>_</u>	
(Jurisdiction under the law of which foreign limited liability company is organized)					fapplicable)			
4.								
		(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration mine penalty	i) liability)				
6625 MIAMI LAKES				6625 MIA				
٦.	(Street Address of Principal Office)		U.		(Mailing Address)			
	SUITE 477			SUITE 47	'7 			
	MIAMI LAKES, FL 33014			MIAMI LAKES, FL 33014				
7.	Name and street address	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u>	acceptable)		2019 JI	777	
	Name:	KC PARTNERS LLC				JAN 25 AHASSI	F	
	Office Address:	6625 MIAMI LAKES DR E, SUITE	<u>477</u>			AMIO: 4	ED	
	MIAMI LAKES		, FI)			
		(City)			(Zip code)			

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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: KC PARTNERS LLC Manager Name: 6625 MIAMI LAKES DR E Member Address: Member | Address: SUITE 477 Authorized ☐ Authorized MIAMI LAKES FL 33014 Person Person Other Other____ Other____ Other_ Name: KC PARTNERS LLC Manager Manager | Name: 6625 MIAMI LAKES DR E **■**Member Address: Member Address: ____ SUITE 477 Authorized Authorized MIAMI LAKES, FL 33014 Person Person Other Other____ Other Other_ Manager Name: _____ Manager | Address: Member Address: Authorized Authorized Person Person Other Other_____ Other_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 whird degree felony as provided for in s.817.155, F.S.

Page 1



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

DELAWARE, DO HEREBY CERTIFY "JJ ENDLESS VACA, 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 FOURTEENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JJ ENDLESS VACA, LLC" WAS FORMED ON THE TWELFTH DAY OF DECEMBER, A.D. 2018.

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



Authentication: 204099546

Date: 12-14-18

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