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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2019

MICHAEL WINTON 12445 62ND ST., N. UNIT 305 LARGO, FL 33773

SUBJECT: KENTUCKY AVENUE PARTNERS LLC

Ref. Number: W19000005074

We have received your document for KENTUCKY AVENUE PARTNERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Cathy Cave

Letter Number: 719A00001095

COVER LETTER

TO:

TO:		on Section f Corporations					
SUBJ	ECT:	Kentucky	Avenue Name of I	Partners Limited Liability	Company		- _i
The er Existe	nclosed "Appl nce, and chec	lication by Foreign Limite k are submitted to registe	ed Liability Comp r the above refere	any for Authorizanced foreign limi	ation to Transacted liability con	ct Business in Florida mpany to transact bus	," Certificate of iness in Florida.
Please	return all cor	respondence concerning	this matter to the	following:			
			Mi'cha Na	me of Person	ton		_
	_		/ Minors	Aven v	l Partn	urs LLC Unit 3æs	<u> </u>
	_		12445	62 rd St. Address	, N.,	Unit 3as	-
	~~		Largo, City/Sta	7 3377 ate and Zip Code	3		-
		Michael. W E-mail ad				,	~
or fur	ther informati	ion concerning this matte			1		
	_Mic	Mame of Contact Po	erson	at (BS Area Code) <u>8/6 -</u> Daytime	2906 Telephone Number	-
		327			STREET AD Division of Co Registration S Clifton Buildi 2661 Executiv Tallahassee, F	orporations ection ng / c Center Circle	
	Enclosed is Please make	acheck for the following e check payable to: FLO	amount: RIDA DEPARTI	MENT OF STAT	TE.	!	
,		Filing Fee S130	0.00 Filing Fee & Certificate of Stati	S155.00	Filing Fee & ed Copy	\$160.00 Filing of Status & Cer	

AP LICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION . IN FLORIDA

Kentucky Avenue Partne			
-	ers LLC	-	/
(Name of Foreign L	imited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")
name uppusishle, enter sitemate nam	ne adopted for the purpose of transacting business in Flori	Ja Theodore	
Delaware	ic adopted for the purpose of transacting dusiness in Fione	_	ibility Company," "L.L.C," or "LLC
	h foreign limited liability company is organized)	3	ber, if applicable)
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.)	
12445 62nd Street N.	(See secudia 603.0904 & 603.0903, r.s. to determine	6. 12445 62nd Street N.	
(Street Address of Prin	ncipal Office)	6. 12443 02Hd Street 14. (Mailing Add	ress) /
Suite 305		Suite 305	
Largo, FL 33773		Largo, FL 33773	
Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Richard Gifford		
Office Address	12445 62nd Street N., Suite 305		
Office Address:	2113 della bacce 11., baile 303		
	Largo	, Florida 33773 (Zip cod	.
gistered agent's accepta	(City)	(Zip cod	e) /
	(Registered agent's sig	mapire)	
	/**************************************	y	
The name, title or capaci Title or Capacity:	ty and address of the person(s) who has/ Name and Address:	have authority to manage is/are:/ <u>Title or Capacity:</u>	Name and Address:
			Name and Address:
Title or Capacity:	Name and Address: Illinois Avenue Partners LLC 12445 62nd Street N., Suite 305		Name and Address:
Title or Capacity:	Name and Address: Illinois Avenue Partners LLC		Name and Address:
Title or Capacity:	Name and Address: Illinois Avenue Partners LLC 12445 62nd Street N., Suite 305		Name and Address:
Title or Capacity:	Name and Address: Illinois Avenue Partners LLC 12445 62nd Street N., Suite 305		Name and Address:
Title or Capacity:	Name and Address: Illinois Avenue Partners LLC 12445 62nd Street N., Suite 305		Name and Address:
Title or Capacity:	Name and Address: Illinois Avenue Partners LLC 12445 62nd Street N., Suite 305		Name and Address:
Title or Capacity: Sole Member se attachments if necessar Attached is a certificate of	Name and Address: Illinois Avenue Partners LLC 12445 62nd Street N., Suite 305 Largo, FL 33773 y) existence, no more than 90 days old, du	Title or Capacity:	ving custody of re
Title or Capacity: Sole Member se attachments if necessar Attached is a certificate of	Name and Address: Illinois Avenue Partners LLC 12445 62nd Street N., Suite 305 Largo, FL 33773 y) existence, no more than 90 days old, duwhich it is organized. (If the certificate in the company of the certificate in	Title or Capacity:	ving custody of re
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Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KENTUCKY AVENUE PARTNERS 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-FOURTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN

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

THE STATE OF THE S

Authentication: 2021390

Date: 01-24

7179108 8300 SR# 20190483004