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COVER LETTER

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Registration Section
Division of Corporations

TO:

SUBJECT: _	•••	Name of	Limit	ed Liability (Company			
					tion to Transact Business in Florid and liability company to transact b			
Please return a	ill correspondence co	oncerning this matter to the	follo	wing:				
	Nikki Sanchez							
		N'	ame (of Person				
	K2View LLC							
		Fi	irm/C	Company				
	4100 Harry Hine	es Blvd., Suite 400						
			Ad	dress				
	Dallas, TX 7521	9-5117						
		City/S	tate a	ınd Zip Code				
	nikki.sanchez@k2							
		E-mail address: (to be used	d for	future annual	report notification) .			
For further infe	ormation concerning	this matter, please call:			Ä	1 2 (24) 2 (24)	2019	Harris .
Nikk	i Sanchez		at	817	703-7600		2019 H AR	-
	Name of	Contact Person		Area Code	Daytime Telephone Numbé		25	1
Divis Regis P.O. I	LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		图 1: 53	
	sed is a check for the e make check payabl	e following amount; e to: FLORIDA DEPART	(ME)	NT OF STA	ГЕ			
_	125.00 Filing Fee	S130.00 Filing Fee & Certificate of Sta	č	\$155.00	Filing Fee & S160.00 Filing Fee & of Status & G	_		

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:

L K2View LLC							
(Name of Foreign	Limited Liability Company; must include "Limi	ned Liabilit	y Company," "L.L.C	'" or "LLC.")			
(If name unavailable, enter alternate na	ame adopted for the purpose of transacting business in F	lorida. The ai	lternate name must incli	ide "Limited Liability C	Company," "L.L.C,"	or "LLC.	*)
Delaware 2.		3.	33-1221202				
2. (Jurisdiction under the law of which foreign limited liability company is organized)		J.		(FEI number, if applicable)			
4	(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to deter	to registration mine penalty	i) liability)		_		
4100 Harry Hines Blvd	d., Suite 400	_	4100 Harry Hit	nes Blvd., Suite	400		
5. (Street Address of Principal Office)		6.		(Mailing Address)			
Dallas, TX 75219-511	7		Dallas, TX 752	19-5117			
					2721	~9	
							7
7. Name and street address	s of Florida registered agent: (P.O. Bo	X <u>NOT</u>	acceptable)		61 ⁶ 7 263 ¹	HAR 2	مرادي موسور
Name:	C T Corporation System					<u>क</u>	
Office Address:	1200 South Pine Island Road				865 865	ի։ 53	go
	Plantation		, Florida	33324			
	(City)		, , i iorida	(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.

April Wittenwyler, Ast. Sec.
(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

le or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
Manager	Name: John Gray	Manager	Name:	
Member	Address: 4100 Harry Hines Blvd.	Member	Address:	
Authorized	Suite 400	Authorized		
Person	Datlas, TX 75219-5117	Person		
Other	Other	Other		Other
Aanager	Name:	Manager	Name:	
1ember	Address:	☐ Member	Address:	
Authorized		Authorized		
erson .		Person		
Other	Other	Other		Other
Manager -	Name:	Manager	Name:	2019 HAR 2
Aember -	Address:	Member	Address:	(7) (27) (27) (3 (2***) (2***)
uthorized		Authorized		
Person		Person		# H
Other	Other	Other		Other

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 a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person-John Gray Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "K2VIEW LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SIXTH DAY OF JUNE, A.D. 2011, AT 11:36 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "K2VIEW LIC" WAS FORMED ON THE SIXTH DAY OF JUNE, A.D. 2011.

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

Authentication: 202349992

Date: 02-28-19

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