

The following pages are a continuation of an interrupted fax transmission to 18506176383 from .  
3 page(s) were previously delivered. This transmission is starting from page 4.

Division of Corporations

<https://efile.sunbiz.org/scripts/efilecovr.exe>**M1900000 6564**

**Florida Department of State  
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.**

(((H19000208688 3)))



H190002086883A6C9

**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 : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
KRE Topaz Arium Palms Owner LLC**

|                       |                 |
|-----------------------|-----------------|
| Certificate of Status | <b>1</b>        |
| Certified Copy        | <b>0</b>        |
| Page Count            | <b>04</b>       |
| Estimated Charge      | <b>\$130.00</b> |

Z BROWN

JUL 10 2019

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. KRE Topaz Arium Palms Owner LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 83-4610184  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 8, 2019  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 9 West 57th Street, Suite 4200  
(Street Address of Principal Office)  
New York, NY 10019

6. 9 West 57th Street, Suite 4200  
(Mailing Address)  
New York, NY 10019

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporate Creations Network Inc.

Office Address: 11380 Prosperity Farms Road #221E

Palm Beach Gardens, Florida 33410  
(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.

Rachel Kauffman  
(Registered agent's signature)  
Rachel Kauffman, Special Secretary

FILED

JUL -9 PM 12:11

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):

| <u>Title or Capacity:</u>                  | <u>Name and Address:</u>                                 | <u>Title or Capacity:</u>                      | <u>Name and Address:</u>             |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Manager           | Name: <u>KRE Topaz Portfolio Investor LLC</u>            | <input type="checkbox"/> Manager               | Name: <u>Michael Friedland</u>       |
| <input checked="" type="checkbox"/> Member | Address: <u>c/o Kohlberg Kravis Roberts &amp; Co. LP</u> | <input type="checkbox"/> Member                | Address: <u>9 West 57th Street</u>   |
| <input type="checkbox"/> Authorized        | <u>9 West 57th Street</u>                                | <input checked="" type="checkbox"/> Authorized | <u>New York, NY 10019</u>            |
| Person                                     | <u>New York, NY 10019</u>                                | Person   | <u></u>                              |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager           | Name: _____  | <input type="checkbox"/> Manager               | Name: _____                          |
| <input type="checkbox"/> Member            | Address: _____   | <input type="checkbox"/> Member                | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____  | <input type="checkbox"/> Authorized            | _____                                |
| Person                                     | _____  | Person   | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager           | Name: _____  | <input type="checkbox"/> Manager               | Name: _____                          |
| <input type="checkbox"/> Member            | Address: _____   | <input type="checkbox"/> Member                | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____  | <input type="checkbox"/> Authorized            | _____                                |
| Person                                     | _____  | Person   | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ |

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 a third degree felony as provided for in s.817.155, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person

Michael Friedland, Vice President

\_\_\_\_\_  
 Typed or printed name of signer

FILED  
 JUL - 9 AM 11:11

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KRE TOPAZ ARIUM PALMS OWNER 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 THIRD DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KRE TOPAZ ARIUM PALMS OWNER LLC" WAS FORMED ON THE FIRST DAY OF MAY, A.D. 2019.

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



7400404 8300

SR# 20195817517

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203157356

Date: 07-03-19