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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 03/11/2020

Name: Chris Vick

Reference #: 1192657

Entity Name: KMS PROPERTIES CV 2, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

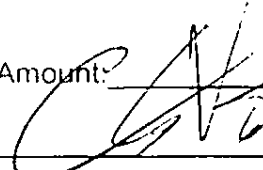
☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other

FILED  
2020 MAR 11 PM 4:44  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

Authorized Amount: \$125.00

Signature: 

•CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40TH ST, 10TH FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

•EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES,  
REGISTRY #3019712  
6 LLOYDS AVE, UNIT 4CL  
LONDON EC3N 3AX  
+44 (0)20.3961.3080

•ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 1/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
HONG KONG  
P: +852.2682.9633  
F: +852.2682.9790

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. KMS PROPERTIES CV 2, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

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

5. 5225 E. Pima St  
(Street Address of Principal Office)

6. 5225 E. Pima St  
(Mailing Address)

Tucson AZ 85712

Tucson AZ 85712

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(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):

| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>        | <u>Title or Capacity:</u>                   | <u>Name and Address:</u>        |
|---|---------------------------------|---|---------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>Kyle Mokhtarian</u>    | <input checked="" type="checkbox"/> Manager | Name: <u>Matthew Skidmore</u>   |
| <input type="checkbox"/> Member             | Address: <u>5225 E. Pima St</u> | <input type="checkbox"/> Member             | Address: <u>5225 E. Pima St</u> |
| <input type="checkbox"/> Authorized         | <u>Tucson AZ 85712</u>          | <input type="checkbox"/> Authorized         | <u>Tucson AZ 85712</u>          |
| 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  |
| <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  
Kyle Mokhtarian  
Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KMS PROPERTIES CV 2, 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 TENTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KMS PROPERTIES CV 2, LLC" WAS FORMED ON THE SIXTH DAY OF MARCH, A.D. 2020.

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

FILED  
2020 MAR 11 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE-FLORIDA



7887974 8300

SR# 20202033591

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202552192

Date: 03-10-20