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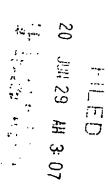


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## **COVER LETTER**

ГО:	Registration Section Division of Corpora				
SUBJE	Kind Asset Man	agement, LLC			
JUDUL			mited Liability (	Company	
The en Existen	closed "Application by ice, and check are subm	Foreign Limited Liability Companitted to register the above referen	ny for Authoriza ced foreign limit	ation to Transact Business in Florida," Certificated liability company to transact business in F	cate o lorida
Please	return all corresponden	ce concerning this matter to the fo	ollowing:		
	Michael Sal	lzhauer			
		Nan	ne of Person		
		Fim	n/Company		
	1351 Kane	Concourse			
			Address		
	Bay Harbor	Islands, FL 33154			
	<u> </u>	City/Sta	te and Zip Code		
	therealdrmia	mi@gmail.com			
		E-mail address: (to be used to	for future annual	report notification)	
For fur	ther information conce	ming this matter, please call:		<i>M</i>	
	Olivia Cysewski		800 at (	375-2453	
	Nar	ne of Contact Person	Area Code	Daytime Telephone Number	
	MAILING ADDRE Division of Corporat Registration Section P.O. Box 6327 Tallahassee, FL 3231	ions		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
		for the following amount:  ayable to: FLORIDA DEPARTM  ee	S155.00	TE  Filing Fee & S160.00 Filing Fee, Cered Copy  of Status & Certified Cered	

## 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:

ame mavariable, enter alternate m	ame adopted for the purpose of transacting business in Flor	nda. The alternate name must include "Lin	nited Liability Company," "L.L.C," or "L	
Alaska		85-0614361 2		
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ne penalty liability)	<del> </del>	
505 Old Steese Hwy Ste 122		1351 Kane Concours	se	
(Street Address of P	rincipal Office)	6(Mai	ling Address)	
Fairbanks, AK 99701		Bay Harbor Islands.	F1, 33154	
			, N	
		<del> </del>		
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	N :	
			में छे नि	
	Michael Salzhauer			
Name:		<del></del>	္က် ယ္က သ	
Office Address:	1351 Kane Concourse		7	
	Bay Harbor Islands	3315	54	
	(City)	, Florida	(Zip code)	

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: Eva Salzhauer Michael Salzhauer Name: Manager Address: \_\_\_ Address: 1351 Kane Concourse ■ Member Member Bay Harbor Islands, FL 33154 Bay Harbor Islands, FL 33154 Authorized Authorized Person Person Other\_\_\_\_ Other Other Other Name: \_\_\_\_\_ ■ Manager Manager Address: Address: \_\_\_\_\_ Member Member Authorized Authorized Person Person Other Other\_\_\_\_\_ Other\_ Manager Name: Name: \_\_ Manager Address: Member Address: Member ☐ 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 a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person Michael Salzhauer

Typed or printed name of signee

