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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : AVILA RODRIGUEZ HERNANDEZ MENA & FERRI LLP  
Account Number : I20070000136  
Phone : (786)594-4102  
Fax Number : (786)664-3375

**\*\*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  
KW JAX BEACH OWNER, LLC**

Certificate of Status	0
Certified Copy	1
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PROVIDED

2020 AUG 13 PM 4:17

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AUG 17 2020

FAX AUDIT NO. H20000277745 3

**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. KW JAX BEACH 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

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

85-1706152

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)

Key International, Inc.

5. (Street Address of Principal Office)

848 Brickell Avenue, Suite 1100

Miami, Florida 33131

Key International, Inc.

6. (Mailing Address)

848 Brickell Avenue, Suite 1100

Miami, Florida 33131

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

Name: Diego Ardid

Office Address: 848 Brickell Avenue, Suite 1100

Miami

(City)

Florida 33131

(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)

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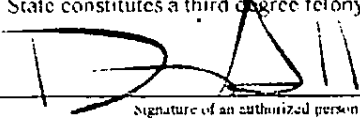
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Key Int'l Investors II LLC</u>	<input type="checkbox"/> Manager	Name: <u>Inigo Ardid</u>
<input type="checkbox"/> Member	Address: <u>848 Brickell Avenue</u>	<input type="checkbox"/> Member	Address: <u>848 Brickell Avenue</u>
<input type="checkbox"/> Authorized	<u>Suite 1100</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 1100</u>
Person	<u>Miami, FL 33131</u>	Person	<u>Miami, FL 33131</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Wexford Real Estate Investors LLC</u>	 <input type="checkbox"/> Manager	Name: <u>Phil Braunstein</u>
<input type="checkbox"/> Member	Address: <u>777 South Flagler Drive</u>	<input type="checkbox"/> Member	Address: <u>777 South Flagler Drive</u>
<input type="checkbox"/> Authorized	<u>Suite 602 East</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 602 East</u>
Person	<u>West Palm Beach, Florida 33401</u>	Person	<u>West Palm Beach, Florida 33401</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Diego Ardid</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>848 Brickell Avenue</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Suite 1100</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Miami, FL 33131</u>	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

Diego Ardid

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KW JAX BEACH 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 THIRTEENTH DAY OF AUGUST, A.D. 2020.

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



3167960 8300

SR# 20206724482

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: 203460837

Date: 08-13-20