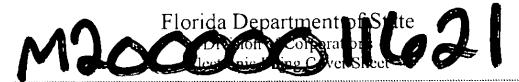
12/15/2020

Division of Corporations



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.

(((H20000428150 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

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Foreign Limited Liability Company KS YBOR JV LLC

Certificate of Status Certified Copy Page Count 04 \$125.00 Estimated Charge

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	<i>;</i>	COVER LETTER 3 ()				
	egistration Section ivision of Corporations					
eunicat	KS YBOR JV LLC					
SUBJECT	:	Name of Limited Liability Company				
The enclos Existence,	ed "Application by Foreign Limited Lia and check are submitted to register the a	bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.				
Please retu	in all correspondence concerning this m	atter to the following.				
	Raquel Mehlman					
		Name of Person				
	Reed Smith LLP					
	Firm/Company					
	599 Lexington Avenue, 26th Floor					
		Address				
	New York, NY 10022					
		City/State and Zip Code				
	E-mail address.	(to be used for future annual report notification)				
For further	information concerning this matter, ple					
i or ruicie.	internation converting that matter, pre-					
	Name of Contact Person	at () Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
	.O. Box 6327	The Centre of Tallahassee				
1	fallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
P	nclosed is a check for the following amelease make check payable to: FLORIDA \$125.00 Filing Fee \$130.00 Fil Certif	A DEPARTMENT OF STATE				

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUNINESS IN THE STATE OF FLORIDA:

f name unavailable, erter alternate i	name adopted for the purpose of transacting business in F	onda. The atternate name must include "Limited Li	ability Company, ""L i. C." or "LLC ")		
Delaware		3			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(Fix numb	per, if applicable)		
·	We had transacted buy meet in finance of print	repistration.			
	(Date first transacted business in Fiorida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	ire penalty liability)			
c/o Kettler Inc., 825	5 Greensboro Drive.	c/o Kettler Inc., 8255 Gre	eensboro Drive.		
treet Address of Principal Office)		6. (Mauing Address)			
Suite 200, McLean,	VA 22102	Suite 200, McLean, VA 22102			
			ALLI SE SE		
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box Corporation Service Company	(<u>NOT</u> acceptable)	THE IS		
Name and <u>street addre</u> Name: Office Address.		: <u>NOT</u> acceptable)	ु हैं।		
Name:	Corporation Service Company 1201 Hays Street Tallahassee	 32301 , Florida			
Name:	Corporation Service Company 1201 Hays Street	32301	ु हैं।		

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].

Title or Capacity:	Name and Address:	Title or Capacity	1	Name and Address:
□Manager	Name: KF Ybor Investments LLC	□Manager	Name.	
■ Member	Address c/o Kettler Inc.	□Member	Address.	
□Authorized	8255 Greensboro Drive,	□Authorized		
Person	Suite 200, McLean, VA 22102	Person		
□Other	□Other	□Other		Other
□Manager	Name	□Manager	Name.	
□Member	Address.	□Member	Address	
Authorized		□Authorized		
Person		Person		
Other	Other	□Other		Other
□Manager	Name	□Manager	Name	
□Member	Address.	□Member	Address.	
□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. 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.

Daguel Heldman	_
Signature of an authorized person	
Raquel Mehlman	
Typed or printed name of sugnee	_



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KS YBOR JV 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 FIFTEENTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KS YBOR JV LLC" WAS FORMED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2020.

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

Authentication: 204326889

Date: 12-15-20

4425788 8300 SR# 20208655846