

12/24/2020

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

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

Email Address: _____

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2020 DEC 28 AM 9:32

**Foreign Limited Liability Company
 KP Ponce Park FL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

DEC 29 2020

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. KP Ponce Park FL, 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. n/a

(FEI number, if applicable)

4. 184 Turkey Hill Rd.

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0931 & 605.0935, F.S., to determine penalty liability)

5. North Abington Twp, PA 18414

(Street: Address of Principal Office)

6. 184 Turkey Hill Rd.

(Mailing Address)

North Abington Twp., PA 18414

2020 DEC 28 PM 1:06
FLORIDA
REGISTRATION
AND
APPROVAL
SYSTEM

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

33324

(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.

By: C T Corporation System

(Registered agent's signature)
Stephanie Hencz

Stephanie Hencz Assistant Secretary

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: Kane Properties I, LP	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 184 Turkey Hill Rd.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	North Abington Twp., PA 18414	<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: Edward Kane	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 184 Turkey Hill Rd.	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	North Abington Twp., PA 18414	<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 _____

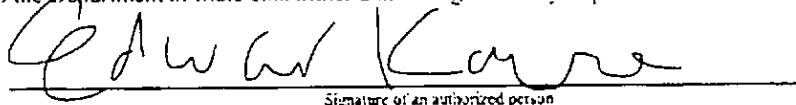
2020 DEC 28 PM 1:06
FLORIDA SECRETARY OF STATE
EDWARD KANE

ILED

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

Edward Kane

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KP PONCE PARK FL, 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 TWENTY-FOURTH DAY OF DECEMBER, A.D. 2020.

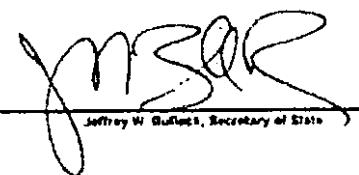
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

4513563 8300

SR# 20208754412

You may verify this certificate online at corp.delaware.gov/authver.shtml





Jeffrey W. Bullock, Secretary of State

Authentication: 204412403

Date: 12-24-20