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(Address)

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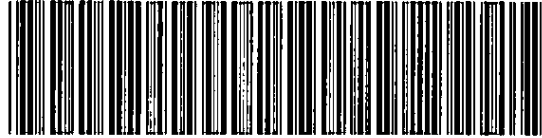
(Business Entity Name)

(Document Number)

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2021 JAN 25 PM 4:40

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PICK UP: 01/12/2021

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FOREIGN

1. KONDAUR CAPITAL LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

*file
2nd*

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kondaur Capital LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Allie Schwenn

Name of Person

Davis Wright Tremaine

Firm/Company

505 Montgomery Street, Ste. 800

Address

San Francisco, CA 94111

City/State and Zip Code

allieschwenn@dwt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allie Schwenn

415

2766574

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



333 South Anita Drive
Suite 400
Orange, CA 92868
888.KONDAUR office
877.KONDAUR fax
Office Hrs: M-F, 8 am – 5 pm

December 16, 2020

To Whom It May Concern:

Kondaaur Capital Corporation, a Delaware corporation, has converted into a limited liability company in its home state of Delaware. I, Jan A. Zemanek, Secretary of Kondaaur Capital Corporation, hereby consent to the use of the name "Kondaaur Capital, LLC" in all states in which the limited liability company will be doing business. Kondaaur Capital Corporation will not revoke its withdrawal or dissolution.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Jan A. Zemanek', is written over a horizontal line. The signature is stylized with a large, looped 'J' and 'Z'.

Jan A. Zemanek, Secretary
Kondaaur Capital, LLC, fka Kondaaur Capital Corporation

APPROVED
AND
FILED
2021 JAN 25 AM 10:49

**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. Kondaur Capital 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)

3. _____
(FEI number, if applicable)

4. 12/16/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 333 South Anita Drive, Ste. 400
(Street Address of Principal Office)

6. 333 South Anita Drive, Ste. 400
(Mailing Address)

Orange, CA 92868
Orange, CA 92868

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

2021 JAN 25 AM 10:49
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AND
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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.

Bobbi Zupon
Bobbi Zupon, Assistant Vice President
(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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Thomas Casarella

☐ Member Address: 333 South Anita Drive, Ste. 400

☐ Authorized Orange, CA 92868

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Jared Frandle

☐ Member Address: 333 South Anita Drive, Ste. 400

☐ Authorized Orange, CA 92868

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Michael Corasaniti

☐ Member Address: 333 South Anita Drive, Ste. 400

☐ Authorized Orange, CA 92868

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Jeremy Joyce

☐ Member Address: 333 South Anita Drive, Ste. 400

☐ Authorized Orange, CA 92868

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Jan Zemanek

☐ Member Address: 333 South Anita Drive, Ste. 400

☒ Authorized Orange, CA 92868

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

DocuSigned by
Jan A Zemanek
11 CA2231A71 A41 A

Signature of an authorized person

Jan Zemanek

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KONDAUR CAPITAL, 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-FIRST DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KONDAUR CAPITAL, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2007.

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



4376689 8300

SR# 20208719168

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204383445

Date: 12-21-20