

M21000001517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

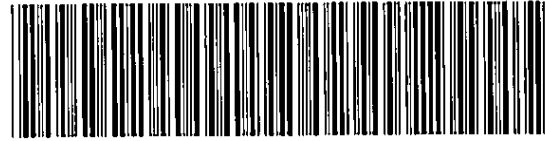
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900359683219

2021 FEB - 8 11:27

APPROVED
AND
FILED

2021 FEB - 8 AM 10:23

FEB - 9 2021

K. Brumpley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 2/8/2021

****WALK IN****

ENTITY NAME KFP ASSOCIATES GP, LLC

1-2 Filing

DOCUMENT NUMBER _____

File FIRST

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 125.00

ACCOUNT # 120160000072

W: c SW

Please call Tina at the above number for any issues or concerns. Thank you so much!

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. KFP Associates GP, 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. Pennsylvania

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

3. N/A

(FEI number, if applicable)

4. N/A

(Does firm transact business in Florida, if prior to registration?
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7411 Fisher Island Drive

(Street Address of Principal Office)

Miami Beach, FL 33109

6. 7411 Fisher Island Drive

(Mailing Address)

Miami Beach, FL 33109

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

Name: Stanley A. Kraftsow

Office Address: 7411 Fisher Island Drive

Miami Beach

(City)

, Florida 33109

(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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

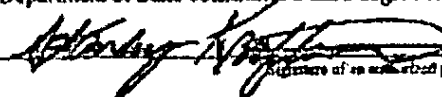
See attachment

See attachment

(Use attachments if necessary)

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)

Stanley A. Kraftsow

(Typed or printed name of signer)

APPROVED
AND
FILED

2021 FEB - 8 AM 10:23

ATTACHMENT TO
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
OF
KFP ASSOCIATES GP, LLC

3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Name/Capacity

Stanley A. Kraftsow, Trustee of the Revocable Trust Agreement of Stanley A. Kraftsow, dated August 8, 2000, as amended, Managing Member of KFP Organization GP, LLC, a Pennsylvania limited liability company, General Partner of KFP Organization, LP, a Pennsylvania limited partnership.
Sole Member of KFP Associates GP, LLC

Address

7411 Fisher Island Drive
Miami Beach, FL 33109

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

02/05/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

KFP Associates GP, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

A handwritten signature in cursive script, reading "Veronica W. Degroot".

Acting Secretary of the Commonwealth

Certification Number: TSC210205182533-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>