M2100000 8280

(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:				
FFFD# dupl				
9 0254				
W21000691053				

Office Use Only



600368617006

2021 JUN 22 16111: 46

021 JUN 22 PM 1: 23

53/20/21

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 873274 8148374

AUTHORIZATION : Profit Company

COST LIMIT : \$ 125..00

ORDER DATE : June 21, 2021

ORDER TIME : 9:15 AM

ORDER NO. : 873274-010

CUSTOMER NO: 8148374

FOREIGN FILINGS

NAME: KNICKPOINT REAL ESTATE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61592

EXAMINER:

COVER LETTER

.

то:	Registration Section Division of Corporations					
SUBJI	Knickpoint Real Estate LLC					
5020		of Limited Liability Company	_			
The en Exister	closed "Application by Foreign Limited Liability Conce, and check are submitted to register the above re	ompany for Authorization to Transact Business in Florida ferenced foreign limited liability company to transact bus	i," Certificate of siness in Florida.			
Please	return all correspondence concerning this matter to t	the following:				
	Bobby Zysk					
		Name of Person	-			
	Knickpoint Ventures LLC					
		Firm/Company	-			
	555 Madison Avenue Floor 6					
	Address					
	New York NY 10022					
		y/State and Zip Code	_			
		yrstate and Zip Code	202			
	bobby@knickpt.com	and Conference and Conference	- <u>-</u> 1			
	E-man address: (to be d	ised for future annual report notification)	· 2			
For fur	ther information concerning this matter, please call:		~ ~			
	Zain Koita	773 1945	2021 JUN 22 PM 1: 23			
	Name of Contact Person	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	r\ _{[tt} 23			
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 & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified						

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:

	name adopted for the purpose of transacting business in Flo	nda The alter	nate name must include "Limited Liability Co.	mpany, "LLLC,	or Luc.	,	
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)			3. (FEI number, if applicable)				
June 30, 20	21						
· .	(Date first transacted business in Florida, if prior to n (See sections 605.0904 & 605.0905, F.S. to determin	gistration.) e penalty liab	lity)				
5. 7840 SW 541	th Ave	6. <u>78</u>	840 SW 54th Ave				
Miami FL 33134		Miami FL 33134					
				· ·	2021		
7. Name and street addres	ss of Florida registered agent; (P.O. Box	NOT acco	eptable)		1021 JUN 22	. 3	
Name:	Corporation Service Company		_	in the second	PH I		
Office Address:	1201 Hays Street		<u> </u>	1	: 23	_	
	Tallahassee		32301 , Florida				
Registered agent's accep			(Zip code) the above stated limited liability				

(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:	Title or Capacity:	Name and Address:
■Manager	Name: Zain Koita	□Manager	Name: Bobby Zysk
□Member	Address: 7840 SW 54th Ave	□Member	Address: 402 Enos Place
□Authorized	Miami, FL 33134	Authorized	Ho-Ho-Kus NJ 07423
Person		Person	
□Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other U.N.
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address: P
□Authorized		□Authorized	<u> </u>
Person		Person	<u></u>
□Other	Other	□Other	Other
indexed individuals 9. Attached is a cert jurisdiction under the translator must not not the translator must not not not not not not not not not no	s executed in accordance with section 605.02 ment to the Department of State constitutes a	Florida Department of State d, duly authenticated by the cate is in a foreign language, 203 (1) (b), Florida Statutes.	Annual Report form. official having custody of records in the a translation of the certificate under oath I am aware that any false information
	Bobby Zysk		

Typed or printed name of signer

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KNICKPOINT REAL ESTATE 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 JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KNICKPOINT REAL ESTATE LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2017.

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



Authentication: 203495513

6349557 8300 SR# 20212507919

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

Date: 06-21-21



June 23, 2021

CSC

RESUBMIT

Please give original submission date as file date.

6/22/21

SUBJECT: KNICKPOINT REAL ESTATE LLC

Ref. Number: W21000091053

We have received your document for KNICKPOINT REAL ESTATE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The feid# is the same as another business. Please update accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 321A00014220

/// //: 55