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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:		KREN PROPE	RTY HOLDI	NG LLC		
SUBJECT.		Name of Limit	ted Liability (Company		
The enclosed "Ap Existence, and ch	oplication by Foreign Limited teck are submitted to register the	Liability Company ne above referenced	for Authoriza I foreign limit	ation to Transac ted liability cor	ct Business in Florida," mpany to transact busin	Certificate of ess in Florida.
Please return all	correspondence concerning this	s matter to the follo	wing:			
		LOVETTE	DOBSON			
		Name o	of Person			
		Firm/C	Company			
17350 STATE HWY 249 #220						
Address						
		HOUSTON	N, TX 77064			
		City/State a	ind Zip Code			
		EFILE1234@	INCFILE.CO	OM		
_	E-mail addre	ess: (to be used for	future annual	report notifica	tion)	
For further inforn	nation concerning this matter, p	olease call:				
	LOVETTE DOBSO	N at (888	-462-3453		
	Name of Contact Pers		Area Code	Daytime	Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Please m	I is a check for the following a take check payable to: FLORI	DA DEPARTME			_	
□ \$125		0 Filing Fee & rtificate of Status		Filing Fee & ed Copy	\$160.00 Filing F of Status & Cert	

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: KREN PROPERTY HOLDING 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.") **DELAWARE** 36-4982547 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 651 N BROAD ST, STE 205 #4350 651 N BROAD ST, STE 205 #4350 (Street Address of Principal Office) (Mailing Address) MIDDLETOWN, DELAWARE 19709 MIDDLETOWN, DELAWARE 19709 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) FINANZ BUTIK MANAGEMENT LLC Name: 1200 BRICKELL AVE, STE 800 Office Address: MIAMI (City) 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

(Registered agent's signature)

and accept the obligations of my position as registered agent.

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: KREN URBAN ESTATE GROUP SAPI DE CV Manager Manager Name: ■ Member Address: Member Address: 1200 BRICKELL AVE STE 800 Authorized Authorized MIAMI, FLORIDA 33131 Person Person Other Other Other_ Other Name: ____ Manager Name: Manager Manager Member Address: Member Address: Authorized Authorized Person Person Other Other_____ Other Other Name: _____ Name: _____ Manager Manager Member Address: 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. Nonindexed 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. RICARDO SERIO SAYEG

Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KREN PROPERTY HOLDING 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KREN PROPERTY HOLDING LLC" WAS FORMED ON THE THIRTIETH DAY OF DECEMBER, A.D. 2020.

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



Authentication: 204135654

Date: 09-13-21