Division of Corporations

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(((H220000054803)))



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To:	Division of Corporations Fax Number : (850)617-6383	JAN-5
From:	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845	M 9: 27
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KC/NM W BROWARD JV LLC

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Corporate Filing Menu

Help

S. ROBERTS JAN - 5 2022

Page: 3 of 5

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

(Name of Fereign Lamited Liability Company: must reclude "Limited Liability Company." "L. C.," or "LLC") finance unavailable, enter alternate name adopted for the purpose of transacting business in Ploreta. The afternate came must include "Limited Liability Company." "L. C." or "LLC" or "L	KC/NM W Broward JV				
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Registered agent's acceptance: Having been named as registered agent and to accept service of process for the aboye stated limited liability company at the	egistered agent's accep	dance:			
signated in this application, I hereby acceptive appointment as registered agent and agree to act in this capacity. I further	antara ataut im shio munitono	tun i kerebi accentane annulliment a	s revisi	erea agent and agree to act in inc mplete performance of my duties.	s сирисну. Тунгинет

8.	For initial indexing purposes,	list names,	title or capacity	and addresses	of the primary	members/managers o	r persons authoriz	ed to
ma	rage lup to six (5) totall							

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Title or Capacity:	Name and Address:	Title or Capacity	<u>::</u>	Name and Address:
□Manager	Name: Fort L Partners LLC	□Manager	Nane.	
⊡ Member	Address:	∐Membei	Address	
□Authorized	New York, NY 10153	□ Authorized		
Person		Person	-	
Other		_Other]Other
□Manager	Name:	□ Manager	Name:	
□Member	Address:	□ Member	Address:	
□Authorized				
Person		Person		
□Other		Other		□Other
∐Manager	Name:	∐ Manager	Name:	
□Member	Address:	□Member	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 Steep constitutes a third degree felony as provided for in \$ 817.155, F.S.

	Signature of an authorized person
Jennifer McLean	

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "KC/NM W BROWARD JV 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 FOURTH DAY OF JANUARY, A.D. 2022.

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

a at corn delaware gov/aut

Authentication: 202314482

Date: 01-04-22