

5/17/22, 3:17 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JONES FOSTER P.A.
Account Number : 076077003231
Phone : (561)650-0471
Fax Number : (561)650-5300

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: sarmstrong@kminc.net

Foreign Limited Liability Company
KENLYN 234 LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

S. FRANKLIN

MAY 23 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kenlyn 234 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:

Steve Armstrong

Name of Person

Kenan Management Inc.

Firm/Company

100 Europa Drive, Suite 525

Address

Chapel Hill, NC 27517

City/State and Zip Code

sarmstrong@kmine.net

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

2022 MAY 20 AM 10:01

For further information concerning this matter, please call:

Steve Armstrong

919

967-0618

at (_____) _____

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

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

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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. Kenlyn 234 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. North Carolina
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. c/o Kenan Management Inc.
(Street Address of Principal Office)

6. c/o Kenan Management Inc.
(Mailing Address)

100 Europa Drive, Suite 525

100 Europa Drive, Suite 525

Chapel Hill, NC 27517

Chapel Hill, NC 27517

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

Name: Jones Foster Service, LLC

Office Address: 505 South Flagler Drive, Suite 1100

West Palm Beach, Florida 33401
(City) (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.

B₇: [Signature]
(Registered agent's signature)
Larry R. Alexander, Jr., Manager

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: John R. McCracken	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: c/o Kenan Management Inc.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	100 Europa Drive, Suite 525	<input type="checkbox"/> Authorized	_____
Person	Chapel Hill, NC 27517	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Sterling K. McCracken	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: c/o Kenan Management Inc.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	100 Europa Drive, Suite 525	<input type="checkbox"/> Authorized	_____
Person	Chapel Hill, NC 27517	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Signature of an authorized person

Larry B. Alexander, Jr.

Typed or printed name of signer

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NORTH CAROLINA

Department of the Secretary of State

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CERTIFICATE OF EXISTENCE (Limited Liability Company)

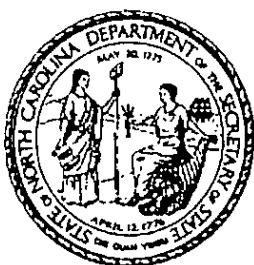
I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

KENLYN 234 LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 11th day of May, 2022

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

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Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of May, 2022.

Elaine F. Marshall

Secretary of State

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