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Division of Corporations

Florida Department of State
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From:

Account Name : WHITEBIRD JOHN
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Phone : (321)327-5580
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: g.mendez@whitebirdlaw.com

Foreign Limited Liability Company
Kabboord Gen 3 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2022 JUN-3 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2022 JUN-3 AM 10:55

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Corporate Filing Menu

Help

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. Kabboord Gen 3 LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

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

3. 88-2582262
(FEI number, if applicable)

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

5. 3201 N. Atlantic Avenue
(Street Address of Principal Office)
Cocoa Beach, FL 32931

6. 3201 N. Atlantic Avenue
(Mailing Address)
Cocoa Beach, FL 32931

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

Name: John R. Kancilia, Esq.

Office Address: 2101 Waverly Place, Suite 100

Melbourne, Florida 32901
(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.

[Signature]
(Registered agent's signature)

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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 type="checkbox"/> Manager	Name: David Kabboord, Trustee	<input type="checkbox"/> Manager	Name: Mark D. Kabboord
<input checked="" type="checkbox"/> Member	Address: 3201 N. Atlantic Avenue	<input checked="" type="checkbox"/> Member	Address: 3201 N. Atlantic Avenue
<input type="checkbox"/> Authorized	Cocoa Beach, FL 32931	<input type="checkbox"/> Authorized	Cocoa Beach, FL 32931
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name: John J. Kabboord, III	 <input type="checkbox"/> Manager	Name: Elynore Kearcher
<input checked="" type="checkbox"/> Member	Address: 3201 N. Atlantic Avenue	<input checked="" type="checkbox"/> Member	Address: 3201 N. Atlantic Avenue
<input type="checkbox"/> Authorized	Cocoa Beach, FL 32931	<input type="checkbox"/> Authorized	Cocoa Beach, FL 32931
Person		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

Delaware

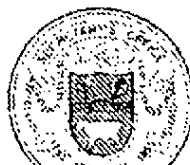
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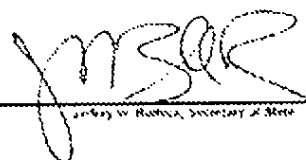
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "KABBOORD GEN 3 LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE THIRD DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KABBOORD GEN 3
LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MAY, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State