From: Kaity Toon

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(((H220002469283)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000036023
Phone: (954)208-0845
Fax Number: (614)573-3996

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

Email Address:

## Foreign Limited Liability Company Kensington ULPH LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAE

THE CHAVERSON, CHES ASSISTANCE SAME	adopted like the purpose of fransacting business in	Enga <b>t</b> o I,691	ernaze name reast mettez 12 mitea 112 min	Constant (1)	1.0, 14 1
Delaware christiania under the tay of which	3. h foreign limited liability company, is organized?		(FEI number of a	a;iplicalsic)	
				$\Sigma_{\Omega}$	202
	(Pate first transacted business in Planck if providing security of Security (P.S. & George Security Se	o registratives ) nine penalty li	abilary)		2022 JUL
Southeast Financial Co	nter	6 _	e/o Citadel Enterprise Ameri (Mading Address)	cas LLC	2
200 S. Biscayne Blvd ,	Suite 3300	_	Southeast Financial Center 200 S. Biscayne Blvd., Suite	3300 <u>≔ ←</u>	AH
Miami, FL 33131			Miami, FL 33131		 F
Name and <u>street address</u> of	FFlorida registered agent. (P.O. Bo	x <u>NOT</u> ac	ceptable)		
Name:	C.T.Corporation System				
Office Address:	1200 South Pine Island Road		<del></del>		

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.

> C T Corporation System /s/ Michele Holden, Asst Sect (Registered agent's signature)

To:

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:
XI Manager	Name: Chadel Advisors LLC	□Manager	Name
Member	Address: Southeast Financial Center	□Member	Address
□Authorized	200 S. Biscayne Blvd , Suite 3300	□Authorized	
Person	Miami, FL 33131	Person	
□Othei	Other	_Other	Other
∐Manager	Name:	□ Manager	Name
□Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person		Person	
□ Other	Other	Other	Other
∐Manager	Name:	□ Manager	Name:
□Member	Address:	_Member	Address:
□Authorized		Authorized	
Person		Person	
∃Other	Other		_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 fellowy as provided for in s.817,155, F.S.

Signature of an authorized gerson

Michael Weiner

Exped or printed name of signee

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "KENSINGTON ULPH 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 TWENTIETH DAY OF JULY, A.D. 2022.

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

at corp.delaware.gov/auth

Authentication: 203963423

Date: 07-20-22