

M22000019071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

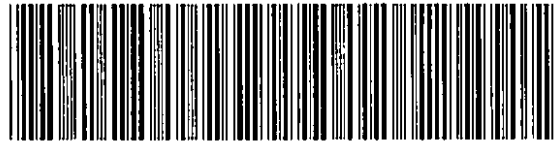
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DEC 27 2022

K. Brumley

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 12/22/2022

Acc#I20160000072

W: L SW

Name:	Kissimmee Holdco LLC
Document #:	
Order #:	14692702

Certified Copy of Arts & Amend:	<input type="checkbox"/>	1-2 Filing Dissolution 1st - Qualification 2nd	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input type="checkbox"/>
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Email Address for Annual Report Notification

RTYSON@TYSONCAPITALGROUP.COM

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 130.00

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KISSIMMEE HOLDCO 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:

ROBERT S. TYSON

Name of Person

KISSIMMEE HOLDCO LLC

Firm/Company

600 S. MAGNOLIA AVE., SUITE 300

Address

TAMPA, FL 33606

City/State and Zip Code

RTYSON@TYSONCAPITALGROUP.COM

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

For further information concerning this matter, please call:

ROBERT S. TYSON

at (703)

606-6276

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

This instrument was prepared by:
Robert H. Gidel, Jr., Esq.
Phelps Dunbar LLP
100 South Ashley Drive
Suite 2000
Tampa, Florida 33602

APPROVED
AND
FILED

2022 DEC 22 AM 11:52

NAME RELEASE AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared **ROBERT S. TYSON** (the "Affiant"), who being before me first duly sworn, on oath, deposes and says:

1. Affiant is the Manager of **TYSON CAPITAL GROUP LLC**, a Florida limited liability company, which company is the Manager of **KISSIMMEE WASH GP, LLC**, a Florida limited liability company, which company is the Manager of **KISSIMMEE HOLDCO LLC**, a Florida limited liability company (the "Company").

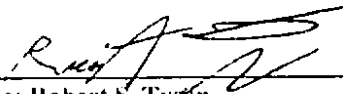
2. Affiant is an Authorized Person of **KISSIMMEE HOLDCO LLC**, a Florida limited liability company under **Document Number L22000155941**.

3. Affiant hereby authorizes the release of the reserved business name **KISSIMMEE HOLDCO LLC**, a Florida limited liability company under **Document Number L22000155941** for the purposes of filing an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.

FURTHER AFFIANT SAYETH NAUGHT.

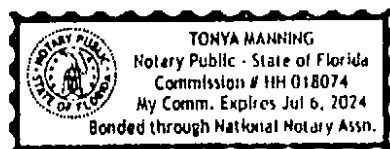
Dated this 22nd day of December 2022.


AFFIANT:


Name: Robert S. Tyson

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was sworn and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 22nd day of December, 2022, by Robert S. Tyson, who is either (a) ☒ personally known to me, or (b) ☐ has produced _____ as identification.




NOTARY PUBLIC
Print Name: TONYA MANNING
My Commission Expires: 7-6-24

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. KISSIMMEE HOLDCO 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. DELAWARE 3. 88-1600633
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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. 600 S. MAGNOLIA AVE., SUITE 300 6. 600 S. MAGNOLIA AVE., SUITE 300
(Street Address of Principal Office) (Mailing Address)

TAMPA, FL 33606 TAMPA, FL 33606

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

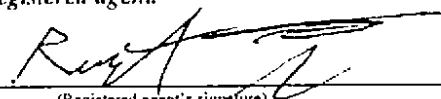
Name: ROBERT S. TYSON

Office Address: 600 S. MAGNOLIA AVE., SUITE 300

TAMPA, Florida 33606
(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.


(Registered agent's signature)

APPROVED
AND
FILED
2022 DEC 22 AM 11:52
TAMPA, FL

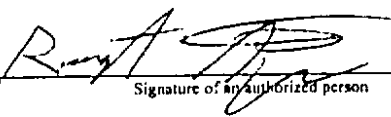
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>KISSIMMEE WASH GP, LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>600 S. MAGNOLIA AVE., SUITE 300</u>	<input type="checkbox"/> Authorized	_____
Person	<u>TAMPA, FL 33606</u>	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 _____
<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

ROBERT S. TYSON

Typed 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 "KISSIMMEE HOLDCO 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 DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KISSIMMEE HOLDCO LLC" WAS FORMED ON THE FIFTH DAY OF APRIL, A.D. 2022.

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



6717872 8300

SR# 20224323596

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 205145646

Date: 12-20-22