

W123000000306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

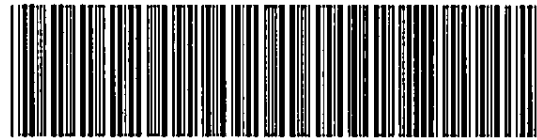
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S. FRANKLIN

JAN - 9 2023

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KO Wash 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:

Jordan Cesana, Legal Assistant

\_\_\_\_\_  
Name of Person

DarrowEverett LLP, One Turks Head Place, Providence, RI 02903

\_\_\_\_\_  
Firm/Company

One Turks Head Place, 12th Floor

\_\_\_\_\_  
Address

Providence, RI 02903

\_\_\_\_\_  
City/State and Zip Code

jcesana@darroverett.com

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

sent 1/19/03

For further information concerning this matter, please call:

Jordan Cesana

401

453-1200

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

**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. KO Wash 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. 92-1314907  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/22/2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 200 S. Biscayne Blvd. 7th Floor 6. 200 S. Biscayne Blvd. 7th Floor  
(Street Address of Principal Office) (Mailing Address)  
Miami, FL 33131 Miami, FL 33131

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(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)

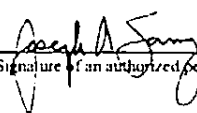
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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:    | Joseph A. Sanz                  |  | <input type="checkbox"/> Manager    | Name:    |                                |  |
| <input type="checkbox"/> Member             | Address: | 200 S. Biscayne Blvd. 7th Floor |  | <input type="checkbox"/> Member     | Address: |                                |  |
| <input type="checkbox"/> Authorized         |          | Miami, FL 33131                 |  | <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 |  |
|                                             |          |                                 |  |                                     |          |                                |  |
| <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

Joseph A Sanz  
\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "KO WASH 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 EIGHTH DAY OF DECEMBER, A.D. 2022.

2022 12 08 19:00



7175352 8300

SR# 20224202884

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 205038537

Date: 12-08-22