

M230000012120

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000331659 3)))



H230003316593-EC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page
Doing so will generate another cover sheet

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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: mnemeroff@vedderprice.com

Foreign Limited Liability Company
CK FLASSETS 2019-3 LLC

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

2023 SEP 20 PM 3:37

01:30

RECEIVED

2023 SEP 20 PM 2:42

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.06, FIDELITY SECURITY THE FACTOR INSURANCE COMPANY LIMITED LIABILITY COMPANY FOR INSURANCE IN THE STATE OF FLORIDA

1. CF KL Assets 2019 S LLC

(Name of foreign limited liability company, not in U.S. format, as it appears on corporate documents)

Not

2. Name of state of incorporation adopted for the purpose of transacting business in the state of Florida (if the company is not incorporated in the state of Florida)

Delaware

3. One or more of the names of the company's officers or directors

4. To whom the company

upon registration

5. 320 N. Sangamon Street, Suite 1275
Chicago, IL 60607

6. 320 N. Sangamon Street, Suite 1275

Chicago, IL 60607

Chicago, IL 60607

7. Name and agent address of Florida registered agent (P.O. Box Not acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

Florida 33324

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.

By:

C T Corporation System

Stephanie Henz

Stephanie Henz,

Assistant Secretary 09/20/2023

(Registered agent's signature)

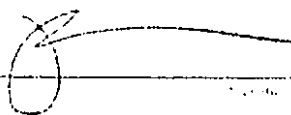
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: James Athanasopoulos	☐ Manager	Name: _____
☐ Member	Address: 326 N. Sangamon Street	☐ Member	Address: _____
☒ Authorized	Suite 1275	☐ Authorized	_____
Person	Chicago, IL 60607	Person	_____
☐ Other _____	☐ 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 _____	☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed 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 605.026(1)(b), Florida Statutes. I am aware that any false information submitted on a document to the Department of State constitutes a third-degree felony as provided for in s. 317.135, F.S.



 James Athanasopoulos

 (Printed name and title)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CF KL ASSETS 2019-3 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2023.

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



7492943 8300

SR# 20233534873

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

Authentication: 204201494

Date: 09-20-23