

M23000015444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

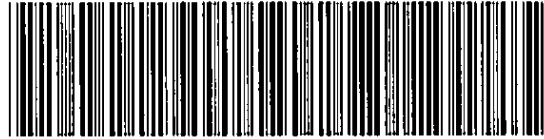
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 DEC -8 PM 12:19

ATTORNEY
AND
FILED

DEC 09 2023
K. Brumley

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

2023 DEC -8 AM 11:02

RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/08/2023

****WALK IN****

ENTITY NAME KEM Edge LS Sole Member LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125

ACCOUNT #: I20160000072

E. R. KAO

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEM Edge LS Sole Member 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:

Michele H. Conway

Name of Person

Kettler Inc.

Firm/Company

8255 Greensboro Drive, Suite 200

Address

McLean, VA 22102

City/State and Zip Code

mconway@kettler.com

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

For further information concerning this matter, please call:

Michele H. Conway

703

852-5734

Name of Contact Person

at (_____) _____

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 KEM Edge LS Sole Member 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 DE
(Jurisdiction under the law of which foreign limited liability company is organized)

3
(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 8255 Greensboro Drive, Suite 200
(Street Address of Principal Office)

6 8255 Greensboro Drive, Suite 200
(Mailing Address)

McLenn, VA 22102

McLenn, VA 22102

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

Name NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: Patricia A. Boverie
(Registered agent's signature)
Patricia A. Boverie, Assistant Secretary

2023 DEC -8 PM 12:19

FILED

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:**

☒ Manager Name: KEB Edge Manager LLC

☐ Member Address: c/o Kettler Inc.

☐ Authorized 8255 Greensboro Drive, Suite 200

Person McLean, VA 22102

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Kettler St Pete LLC

☐ Member Address: c/o Kettler Inc.

☐ Authorized 8255 Greensboro Drive, Suite 200

Person McLean, VA 22102

☐ Other ☐ Other

☒ Manager Name: Kettler Asset Management LLC

☐ Member Address: c/o Kettler Inc.

☐ Authorized 8255 Greensboro Drive, Suite 200

Person McLean, VA 22102

☐ Other ☐ Other

☒ Manager Name: Kettler Inc.

☐ Member Address: 8255 Greensboro Drive

☐ Authorized Suite 200

Person McLean, VA 22102

☐ Other ☐ Other

☐ Manager Name: Michele H. Conway

☐ Member Address: c/o Kettler Inc.

☐ Authorized 8255 Greensboro Drive, Suite 200

Person McLean, VA 22102

☒ Other Asst Secretary ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

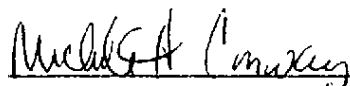
Person

☐ 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 felony as provided for in s.817.155, F.S.



Signature of an authorized person

Michele H. Conway

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 "KEM EDGE LS SOLE MEMBER 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 SEVENTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KEM EDGE LS SOLE MEMBER LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2023.

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



2724161 8300

SR# 20234163536

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.

Authentication: 204758359

Date: 12-07-23