

M24000005389

Florida Department of State

Division of Corporations

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Foreign Limited Liability Company
KIWI LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (1), Certified Copy (0), Page Count (03), and Estimated Charge (\$130.00).

2014 APR 26 AM 10:24
STATE OF FLORIDA
TALLAHASSEE, FL

FILED

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. KIWI LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

KIWI FL 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. STATE OF WYOMING 3. 35-2827812
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 05/25/2024
(Date first transacted business in Florida, if prior to registration; (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 20900 NE 30TH AVE, STE 200 6. 20900 NE 30TH AVE, STE 200
(Street Address of Principal Office) (Mailing Address)
AVENTURA, FL 33180 AVENTURA, FL 33180

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

Name: SANTIAGO CLIVIO
Office Address: 20900 NE 30TH AVE, STE 200
AVENTURA, Florida 33180
(City) (Zip code)

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SEC. OF STATE
TALLAHASSEE, FL

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.

[Handwritten Signature]
(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]:

Title or Capacity: Manager
Name and Address: Name: SANTIAGO CLIVIO
 Address: 20900 NE 30TH AVE STE 200
 AVENTURA, FL 33180
 Person
 Other

Title or Capacity: Manager
Name and Address: Name: _____
 Address: _____
 Member
 Authorized
 Person
 Other

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____

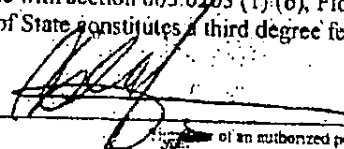
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 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.


 _____ of an authorized person

SANTIAGO CLIVIO

STATE OF WYOMING
Office of the Secretary of State

I, **CHUCK GRAY**, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

KIWI LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **October 25, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001351179**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of April, 2024 at 12:03 PM. This certificate is assigned ID Number 072105010.



Handwritten signature of Chuck Gray in cursive script.

Secretary of State