

M240000006211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

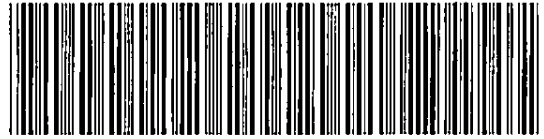
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAY -6 AM 11:07
CLERK OF STATE
TALLAHASSEE, FL 32307

M. SOLOMON

MAY 16 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KCU Equity, 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:

David S. Ure

Name of Person

Firm/Company

330 Drift Road

Address

Westport, MA 02790

City/State and Zip Code

dure.acro@gmail.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 MAY -6 AM 11:07

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For further information concerning this matter, please call:

David S. Ure

774

309-4340

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. KCU Equity, 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. Massachusetts
(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. 330 Drift Road
(Street Address of Principal Office)

6. 330 Drift Road
(Mailing Address)

Westport, MA 02790

Westport, MA 02790

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

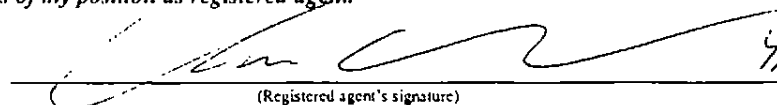
Name: Christopher Wands

Office Address: 5555 Biscayne Boulevard, Suite 302

Miami, Florida 33137
(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.

 4/2/2024
(Registered agent's signature)

CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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

☒ Manager Name: David S. Ure

☐ Member Address: 330 Drift Road

☐ Authorized Westport, MA 02790

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

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

☒ Manager Name: Christine A. Ure

☐ Member Address: 330 Drift Road

☐ Authorized Westport, MA 02790

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

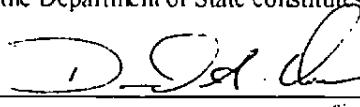
Person

☐ 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

David S. Ure
Typed or printed name of signer

FILED
2024 MAY -6 AM 11:07
CLERK OF STATE
TALLAHASSEE, FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

April 30, 2024

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

KCU EQUITY, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **March 25, 2024**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **DAVID S. URE, CHRISTINE A. URE**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **DAVID S. URE, CHRISTINE A. URE**

The names of all persons authorized to act with respect to real property listed in the most recent filing are:

DAVID S. URE, CHRISTINE A. URE



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2024

CHERYL A. BERNARD
LAW OFFICE OF CHERYL A. BERNARD
1004 COUNTY STREET
SOMERSET, MA 02726

SUBJECT: KCU EQUITY, LLC
Ref. Number: W24000064633

We have received your document for KCU EQUITY, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Operations Manager A

Letter Number: 724A00008943

RECEIVED

MAY - 6 2024

LAW OFFICE OF CHERYL A. BERNARD

1004 COUNTY STREET
SOMERSET, MASSACHUSETTS 02726



TELEPHONE:
508-676-9500

FACSIMILE:
508-689-4581

EMAIL: cabernard@fallriverattorneys.com

May 2, 2024

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RE: Application by Foreign LLC for Authorization to
Conduct Business in Florida
KCU Equity, LLC
Ref. Number: W24000064633**

Dear Sir or Madam:

Enclosed herewith please find an original Certificate of Good Standing for the above referenced Limited Liability Company as requested in your letter number: 724A00008943. (copy enclosed). The original cover letter and application (as well as an original Certificate of Good Standing) was forwarded on April 10, 2024 along with the check in the amount of \$160.00 in payment of the filing fee. That check has already been processed. Please forward the Certificate of Status and Certified Copy to the undersigned at your earliest convenience.

Thank you for your attention to this matter. If you have any questions or need anything further, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink that reads "Cheryl A. Bernard".

Cheryl A. Bernard
CAB/
Enclosures