

11240000/1001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

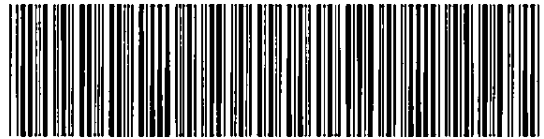
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 AUG 22 PM 4:10
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AUG 26 2024

hen, 9/8/38
MS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KKONG 3-7-12-27 LLC – 2020 Ocean Shore Blvd. – Series 2, a Wyoming Series and Close 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:

Jonathan A. Mintz

Name of Person

The Bespoke Group

Firm/Company

32065 Castle Court Suit 250-A

Address

Evergreen, CO 80439

City/State and Zip Code

info@bespokegroup.io

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

For further information concerning this matter, please call:

Jonathan A. Mintz

877

777-6845

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2024

JONATHAN A MINTZ
32065 CASTLE CT STE 250-A
EVERGREEN, CO 80439

SUBJECT: KKONG 3-7-12-27 LLC - 2020 OCEAN SHORE BLVD. - SERIES 2,
A WYOMING SERIES AND CLOSE LIMITED LIABILITY COMPANY
Ref. Number: W24000091838

We have received your document for KKONG 3-7-12-27 LLC - 2020 OCEAN SHORE BLVD. - SERIES 2, A WYOMING SERIES AND CLOSE LIMITED LIABILITY COMPANY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name on the document and the name on the good standing certificate must be the same.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

RECEIVED

Tracy L Lemieux
Regulatory Specialist II

AUG 22 2024

Letter Number: 124A00013166

**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. KKONG 3-7-12-27 LLC – 2020 Ocean Shore Blvd. – Series 2
(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. Wyoming 3. 99-0490208
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 5, 2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. KKONG 3-7-12-27 LLC c/o The Bespoke Group 6. Same
(Street Address of Principal Office) (Mailing Address)

32065 Castle Court Suite 250-A

Evergreen, CO 80439

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

Name: David E. Borack

Office Address: 4767 New Broad Street

Orlando, Florida 32814
(City) (Zip code)

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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.

David E Borack
(Registered agent's signature)

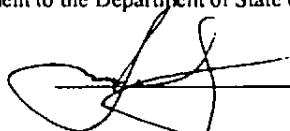
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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: <u>Natalia M. Gates</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>KKONG 3-7-12-27 LLC</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>32065 Castle Ct Ste. 250-A</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Evergreen, CO 80439</u>	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
Jonathan A. Mintz

Typed or printed name of signer

State of Wyoming

Office of the Secretary of State



United States of America, }
State of Wyoming } **ss.**

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

KKONG 3-7-12-27 LLC
A Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 28, 2023**, comply with all applicable requirements of this office. Its period of duration is perpetual. This entity has been assigned entity identification number **2023-001367306**.

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 fled Articles of Dissolution.

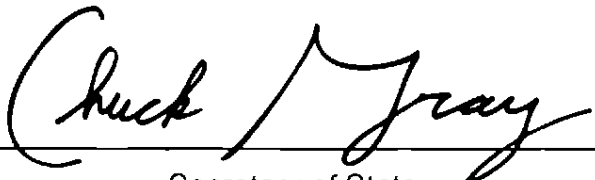
Furthermore, I do hereby certify that according to the records of this office,

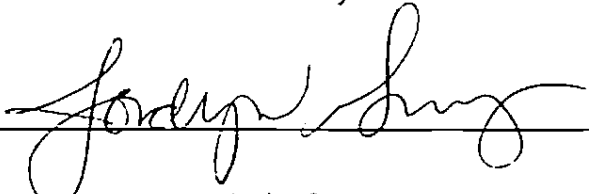
KKONG 3-7-12-27 LLC – 2020 Ocean Shore Blvd. – Series 2

a series of the aforementioned Limited Liability Company, is in good standing with this office.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivery and communicated this official certificate done at Cheyenne, the Capital, on this **8th day of August A.D., 2024**.




Secretary of State

By 
Jordyn Gray