

M24 000013107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

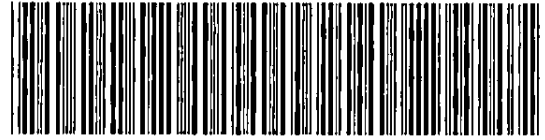
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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177 1724-00151-000 *#105.0

RECEIVED

SEP 30 2024



2024 SEP 30 AM 10:42

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kiwi Fund 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:

Murali Parthasarathy
Name of Person
Red Hills Holdings LLC
Firm/Company
8375 SW Beaverton Hillsdale Highway Suite 200
Address
Portland, OR 97225
City/State and Zip Code
mlarson@redhillsholdings.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Micah Larson at (503) 573-8313
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. Kiwi Fund 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. Nevada
(Jurisdiction under the law of which foreign limited liability company is organized)
3.
(FBI number, if applicable)

4. September 23, 2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Red Hills Holdings, LLC
(Street Address of Principal Office)
8375 SW Beaverton Hillsdale Highway Suite 200
Portland, OR 97225
6. 3753 Howard Hughes Pkwy, Suite 200 - 728
(Mailing Address)
Las Vegas, NV, 89169

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, FL Florida 33324
(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.

Christine Oconnor
(Registered agent's signature)
Christine Oconnor Asst. Secretary

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>Murali Parthasarathy</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Micah Larson</u>
<input type="checkbox"/> Member	Address: <u>8375 SW Beaverton Hillsdale</u>	<input type="checkbox"/> Member	Address: <u>8375 SW Beaverton Hillsdale</u>
<input type="checkbox"/> Authorized	<u>HWY Suite 200</u>	<input type="checkbox"/> Authorized	<u>HWY Suite 200</u>
Person	<u>Portland, OR 97225</u>	Person	<u>Portland, OR 97225</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Bobby Barnett</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>8375 SW Beaverton Hillsdale</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>HWY Suite 200</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Portland, OR 97225</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 _____

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.

Micah Larson
Signature of an authorized person

Micah Larson
Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Kiwi Fund LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 08/19/2024, and in good standing in this State.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 09/12/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202409124957774

You may verify this certificate
online at <https://www.nvsilverflume.gov/home>

FRANCISCO V. AGUILAR
Secretary of State

DEPUTY BAKKEDAH
Deputy Secretary for
Commercial Recordings

STATE OF NEVADA



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings & Notary Division
401 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7141
North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Mike Parthasarathy
3753 Howard Hughes Parkway Suite 200-728
Las Vegas, NV 89169, USA

Work Order #: W2024091201331
September 12, 2024
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 442692

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	Fees	20244326154	9/12/2024 1:43:32 PM	Approved	1	\$50.00	\$50.00
Total							\$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	7261737999496381503016	Success	\$50.00
Credit Card	Service Fee	Success	\$1.25
Total			\$51.25

Credit Balance: \$0.00

Mike Parthasarathy
3753 Howard Hughes Parkway Suite 200-728
Las Vegas, NV 89169, USA