

M24 000013107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

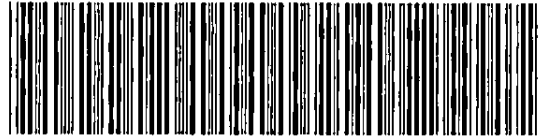
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600436969746

174 1024-401151-4022 \*#105.0

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SEP 30 2024



2024 SEP 30 11:10:42

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 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (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 6. 3753 Howard Hughes Pkwy, Suite 200 - 728  
(Street Address of Principal Office) (Mailing Address)  
8375 SW Beaverton Hillsdale Highway Suite 200  
Portland, OR 97225  
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 33324  
(City) , Florida (Zip code)

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SEP 30 2024  
11:10 AM

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

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

A handwritten signature in cursive script that reads "FVAguilar".

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<br>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