State of North Carolina Department of the Secretary of State

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Elaine F. Marshall
North Carolina Secretary of State
C2024 079 06455

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR LIMITED LIABILITY COMPANY

Pursuant to §57D-7-03 of the General Statutes of North Carolina, the undersigned limited liability company hereby applies for a Certificate of Authority to transact business in the State of North Carolina, and for that purpose submits the following:

1.	The	name of the limited liability co	ompany is KL I	LB BUY 2 LLC	;	
	and	if the limited liability compan	y name is unava	ilable for use in the Sta	te of North Carolina, the name the limited	
	liabi	lity company wishes to use is				
2.	The	state or country under whose 1	aws the limited	liability company was	formed is DE, United States	
3.	Princ	cipal office information: (Sele	ect either a or b.)		
	a.	■ The limited liability com	pany has a princ	ripal office.		
		The principal office telephor	ne number: (212	2) 782-3480		
		The street address and count	y of the principa	al office of the limited l	iability company is:	
		Number and Street: 225 Lib	erty Street, S	uite 4210		
		City: New York	State:	<u>VY</u> Zip Code: 1028	1-1049 County: New York	
		The mailing address, if diffe	rent from the st	reet address, of the prin	ncipal office of the corporation is:	
		Number and Street:				
		City:	State:_	Zip Code:	County:	
	b.	☐ The limited liability com	pany does not ha	ave a principal office.		
4.	The	name of the registered agent in	n the State of No	orth Carolina is: COGI	ENCY GLOBAL INC	
5.	The	street address and county of the	e registered age	ent's office in the State	of North Carolina is:	
	Nun	nber and Street: 212 South T	ryon Street S	uite 1000		
	City	:Charlotte	_ State: NC	Zip Code: <u>28281</u>	County: Mecklenburg	
6.		North Carolina mailing addres	ss, if different fi	rom the street address,	of the registered agent's office in the State of No	rtl
	Nun	nber and Street: 212 South T	ryon Street S	uite 1000		
	City	Charlotte	State: NC	Zip Code:28281	County: Mecklenburg	

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<u>Name</u>	<u>Title</u>	Business Address
Anthony Pasqua	Authorized Representative	225 Liberty Street, Suite 4210 New York NY, 10281-1049 United States
KL LB BOR 2 LLC	Member	225 Liberty Street, Suite 4210 New York NY, 10281-1049 United States
having custody of limited less than six months old. 9. If the limited liability compresolution of its managers 10. (Optional): Please provide	liability company records in A photocopy of the certific any is required to use a fictit adopting the fictitious name a business e-mail address: P	ious name in order to transact business in this State, a copy of the is attached.
is filed. The e-mail provi- the instructions for this do 11. This application will be ef	ded will not be viewable on to be with the decument.	s automatically at the address provided above at no cost when a document he website. For more information on why this service is offered, please se lelayed date and/or time is specified:



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KL LB BUY 2 LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE NINETEENTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KL LB BUY 2 LLC"

WAS FORMED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203062032

Date: 03-19-24