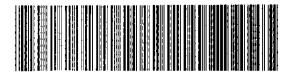
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Special Instructions to	Filing Officer:			

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ACCOUNT	NO.	:	120000000195

REFERENCE :

AUTHORIZATION

COST LIMIT

ORDER DATE: February 24, 2014

ORDER TIME : 3:52 PM

ORDER NO. : 025114-005

CUSTOMER NO: 4321551

FOREIGN FILINGS

NAME: TKC CLXXVIII, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:
XX		STAN	COPY MPED COPY TE OF GOOD	ST	ANDING		

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TKC CLXXVIII, 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:
Elizabeth Jagielski
Name of Person
The Keith Corporation
Firm/Company
5935 Carnegie Boulevard, Suite 200
Address
Charlotte, North Carolina 28209 City/State and Zip Code
City/State and Zip Code
ejagielski@thekeithcorp.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elizabeth Jagielski 365-6000
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Boxed{1} \\$125.00 \text{ Filing Fee} \Boxed{1} \\$130.00 \text{ Filing Fee} \& \Boxed{1} \\$155.00 \text{ Filing Fee} \& \Boxed{1} \\$160.00 \text{ Filing Fee, Certificate} \\ Certificate of Status \& Certified Copy 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. TKC CLXXVIII, 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 "LL.C.")
2. North Carolina 3
(Jurisdiction under the law of which foreign limited liability company is organized) (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)
5935 Carnegie Boulevard, Suite 200
Charlotte, North Carolina 28209
(Street Address of Principal Office) 6. 5935 Carnegie Boulevard, Suite 200
Charlotte, NC 28209
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Kenneth R. Beuley, Authorized Member
5935 Carnegie Boulevard, Suite 200
Charlotte, NC 28209
8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Con Oll
Signature of an authorized person (In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true
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.)

Connor J. Childress, Authorized Person

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

TKC CLXXVIII, LLC	ompany is:	
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street addre	ess of the registered agent and office are:	
Corporation S	ervice Company	2014FEB 24
1201 Hays St	(Name)	14.5 ET
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee	32301 FL	9, 20
	City/State/Zip	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Signature)

Signature

Signature

Signature

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

TKC CLXXVIII, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 21st day of February, 2014, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of February, 2014.

Elaine I. Marshall

Secretary of State

Certification# 95014228-1 Reference# 11832647-ACH Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification