

CORPORATION(S) NAME		TASE O
(1) Kingston Village, LLC		E B T
(2) KV Management, Inc.		ALEASSEE, F
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Name Availability	10/8/01	Order#: 4833793
Document Examiner Updater Verifier	BKNig	Ref#:

Amount: \$

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

W.P. Verifier ___

TRANSMITTAL LETTER

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For fur	ther information	concerning this matter,	please o	call:			
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	Susan Sloan	at (404)	240-0551		
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STREI	ET ADDRESS:			MA	ILING ADDRES	S:	
Registr	Registration Section Registration Section						
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Enclose	ed is a check for	the following amount:					
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□ \$70.	.00 Filing Fee		& O	\$78	.75 Filing Fee &		\$87.50 Filing Fee,
	-	Certificate of Stat			tified Copy		Certificate of Status &
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Name of corporation; must include the word "NCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) Georgia 3. 58-2651329 (State or country under the law of which it is incorporated) September 14, 2001 (Date of incorporation) Upon qualification (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 1049 Powers Ferry Road, Marietta, Georgia 30067 (Principal office address) 1049 Powers Ferry Road, Marietta, Georgia 30067 (Current mailing address) real estate management (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name:CT_Corporation System	1.	KV Management, Inc			-	100	
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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTO	DRS
Chairman:	
Address:	
Vice Chairman:	
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Dimentan	
Address:	
•	
Director:	
Address:	
B. OFFICER	s
President:D	onald Lippman
Address:1	049 Powers Ferry Road
M	arietta, GA 30067
Vice President:	Matthew W. Hicks
Address:	1049 Powers Ferry Road
	Marietta, GA 30067
Secretary:	Matthew W. Hicks
Address:	1049 Powers Ferry Road, Marietta, GA 30067
Treasurer:	Donald Lippman
Address:	1049 Powers Ferry Road, Marietta, GA 30067
NOTE: If nec	essary, you may attach an adderdum to the application listing additional officers and/or directors.
13	LIMUL
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	Donald Lippman
	(Typed or printed name and capacity of person signing application)

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 012670840
CONTROL NUMBER : 0141698
DATE INC/AUTH/FILED: 09/14/2001
JURISDICTION : GEORGIA
PRINT DATE : 09/24/2001

FORM NUMBER : 211

ROBERTS ERCK & SCHKLAR VICTOR ROBERTS 945 EAST PACES FERRY RD STE 2220 ATLANTA, GA 30326 O1 OCT -8 PM 4: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

KV MANAGEMENT, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Ally Cop

Cathy Cox Secretary of State