

2/26/24, 9:30 AM

Division of Corporations

F24000001132

Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C I CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

corporatetax@kimcorealty.com

Email Address: _____

Foreign Limited Liability Company
KRCX RPT Holdings, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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2024 FEB 26 AM 9:52

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**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. KRCX RPT Holdings, L.L.C.
(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. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEF 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)

5. 500 N. Broadway, Suite 201 6. 500 N. Broadway, Suite 201
(Street Address of Principal Office) (Mailing Address)

Jericho, NY 11753 Jericho, NY 11753

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, Florida 33324
(City) (Zip code)

4:41 FEB 26 PM 4: 29

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.

By: Meredith Hellwig
(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: <u>Conor C. Flynn</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Ross Cooper</u>
<input type="checkbox"/> Member	Address: <u>500 N. Broadway, Suite 201</u>	<input type="checkbox"/> Member	Address: <u>500 N. Broadway, Suite 201</u>
<input type="checkbox"/> Authorized	<u>Jericho, NY 11753</u>	<input type="checkbox"/> Authorized	<u>Jericho, NY 11753</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Glenn G. Cohen</u>	 <input type="checkbox"/> Manager	Name: <u>Barbara E. Briamonte</u>
<input type="checkbox"/> Member	Address: <u>500 N. Broadway, Suite 201</u>	<input type="checkbox"/> Member	Address: <u>500 N. Broadway, Suite 201</u>
<input type="checkbox"/> Authorized	<u>Jericho, NY 11753</u>	<input type="checkbox"/> Authorized	<u>Jericho, NY 11753</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Paul Dooley</u>	 <input type="checkbox"/> Manager	Name: <u>Kathleen M. Gazerro</u>
<input type="checkbox"/> Member	Address: <u>500 N. Broadway, Suite 201</u>	<input type="checkbox"/> Member	Address: <u>500 N. Broadway, Suite 201</u>
<input checked="" type="checkbox"/> Authorized	<u>Jericho, NY 11753</u>	<input checked="" type="checkbox"/> Authorized	<u>Jericho, NY 11753</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

*see attached list

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.



Signature of an authorized person

Kathleen M. Gazerro

Typed or printed name or signature

KRCX RPT REALTY HOLDINGS, LLC
Item 8 Attachment

Name	Title	Address
Raymond Edwards	Authorized Person	500 N Broadway, Suite 201, Jericho, NY 11753
Geoffrey G. Glazer	Authorized Person	500 N Broadway, Suite 201, Jericho, NY 11753
Kathleen Thayer	Authorized Person	500 N Broadway, Suite 201, Jericho, NY 11753
Gary J. Bazydlo	Authorized Person	500 N Broadway, Suite 201, Jericho, NY 11753
Christopher Freeman	Authorized Person	500 N Broadway, Suite 201, Jericho, NY 11753
Wilbur E. Simmons, III	Authorized Person	500 N Broadway, Suite 201, Jericho, NY 11753
Harvey G. Weinreb	Authorized Person	500 N Broadway, Suite 201, Jericho, NY 11753
Paul Westbrook	Authorized Person	500 N Broadway, Suite 201, Jericho, NY 11753
Jessica L. Kimble	Authorized Person	500 N Broadway, Suite 201, Jericho, NY 11753
Robert L. Mackall, III	Authorized Person	500 N Broadway, Suite 201, Jericho, NY 11753
Kimberly A. Umpleby	Authorized Person	500 N Broadway, Suite 201, Jericho, NY 11753

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "KRCX RPT HOLDINGS, 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 TWENTY-FIRST DAY OF FEBRUARY, A.D. 2024.

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



7638979 8300

SR# 20240620014

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202858489

Date: 02-21-24