

LD3 0000015890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

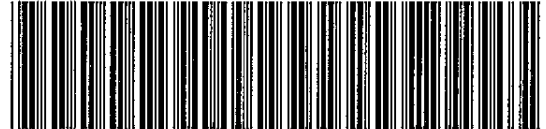
(Business Entity Name)

(Document Number)

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

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05/02/04--01089--010 \*\*160.00

RECEIVED  
03 MAY -2 PM 12:52  
STATE OF FLORIDA  
TALLAHASSEE

LD3-15890

QR

FILED  
03 MAY -2 PM 1:55  
STATE OF FLORIDA  
TALLAHASSEE

**CT CORPORATION SYSTEM**

CORPORATION(S) NAME

Kmart of Florida LLC

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
Registration	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
Articles / Amends		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

5/2/03

BW

Order#: 5840422

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

03 MAY -2 PM 1:55  
 FILED  
 TALLAHASSEE, FLORIDA

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**Kmart of Florida LLC**

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**3100 West Big Beaver Road  
Troy, Michigan 48084**

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**CT Corporation System**

Name

**c/o CT Corporation System, 1200 South Pine Island Road**

Florida street address (P.O. Box **NOT** acceptable)

**Plantation**

**FL**

**33324**

City, State, and 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 608, F.S.*

*Connie Bryan*  
Registered Agent's Signature

**CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY**

(An additional article must be added if an effective date is requested)

*Ronald B. Hutchison*  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Ronald B. Hutchison, EVP, Chief Restructuring Officer, Kmart Corporation**  
Typed or printed name of signee

### Filing Fees:

**\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)**

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STATE  
TREASURER  
FLORIDA