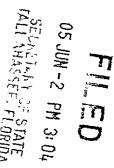
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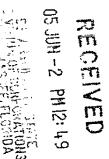
(Re	equestor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT ☐ MA	NIL.	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
13/			

Office Use Only



000054838960







ORPORATION SERVICE COMP	ANY.
	ACCOUNT NO.: 072100000032
	REFERENCE: 403300 4803460
	AUTHORIZATION: Tatricia fout
an and any and any and any and any	COST LIMIT: \$ 125.00
ORDER DATE	: June 2, 2005
ORDER TIME	: 10:43 AM
ORDER NO.	: 403300-005
CUSTOMER N	O: 4803460
CUSTOMER:	Patti Rogers Lowenstein Sandler Pc
	65 Livingston Avenue
	Roseland, NJ 07068-1791
	DOMESTIC FILING
NAM	E: KDU REALTY, LLC
XX ART	ICLES ÖF ORGANIZATION
PLEASE RET	URN THE FOLLOWING AS PROOF OF FILING:

CONTACT PERSON: Heather Chapman - EXT. 2908 EXAMINER'S INITIALS:

XX____ PLAIN STAMPED COPY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

pal office of the Limited Liability Company is
Mailing Address:
1200 Route 46 West
Clifton, NJ 07013
ice, & Registered Agent's Signature: tered agent are:
x <u>NOT</u> acceptable)
FLORIDA 34134

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, Florida Statutes...

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV-Manager(s) or Ma The name and address of each Manager	maging Member(s): ager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Kenneth D. Ullman
	24950 Pennyroyal Drive
	Bonita Springs, FL 34134
<u></u>	
(Use attachment if necessary)	
NOTE: An additional article mus	st be added if an effective date is requested.
REQUIRED SIGNATURE:	

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.)

KENNETY D. ULLMAN
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)