

L05000072913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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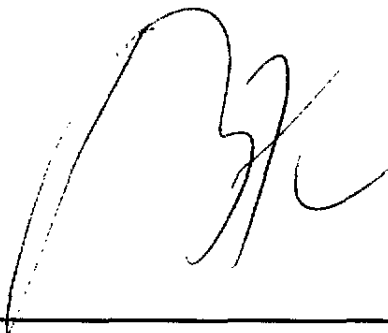
☐ MAIL

(Business Entity Name)

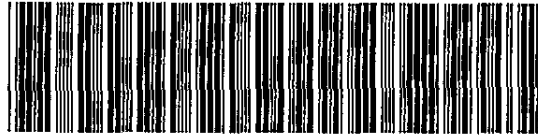
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05 JUL 25 PM 5:18  
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TALLAHASSEE, FLORIDA

RECEIVED  
05 JUL 25 PM 4:26  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 502788 7331525

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Pappas*

FILED  
05 JUL 25 PM 5:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : July 25, 2005

ORDER TIME : 3:39 PM

ORDER NO. : 502788-045

CUSTOMER NO: 7331525

CUSTOMER: Ken Gliedman, Esq.  
Lichter Gliedman Offenkrantz  
Pc  
24th Floor  
551 Fifth Avenue  
New York, NY 10176

DOMESTIC FILING

NAME: KRA SOMERSET MANAGER LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
05 JUL 25 PM 5:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KRA Somerset Manager LLC**ARTICLE II - Address:**

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

**Principal Office Address:**1719 Rt. 10 East, Suite 217  
Parsippany, NJ 07054**Mailing Address:**1719 Rt. 10 East, Suite 217  
Parsippany, NJ 07054**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Corporation Service Company

Name

1201 Hays StreetFlorida street address (P.O. Box NOT acceptable)TallahasseeFLORIDA 32301

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, Florida Statutes.*

Corporation Services Company

By: 

Registered Agent's Signature

Janet Budhu, Asst. Vice President

Page 1 of 2  
(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMKRA Somerset Partner LLC1719 Rt. 10 East, Suite 217Parsippany, NJ 07054

(Use attachment if necessary)

**NOTE: An additional article must 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.)

By: Kenneth Gliedman, Authorized Representative

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)