

L05000072919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

*[Handwritten signature]*

Office Use Only



500057502995

FILED  
05 JUL 25 AM 7:04  
STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
05 JUL 25 PM 4:21  
STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 502788 7331525

AUTHORIZATION :

COST LIMIT : \$ 160.00

FILED  
05 JUL 25 AM 7:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : July 25, 2005

ORDER TIME : 3:33 PM

ORDER NO. : 502788-010

CUSTOMER NO: 7331525

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

DOMESTIC FILING

NAME: KRA GATES 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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KRA Gates 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  
Name1201 Hays Street  
Florida street address (P.O. Box NOT acceptable)Tallahassee FLORIDA 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)

FILED  
05 JUL 25 AM 7:04  
STATE  
TALLAHASSEE, FLORIDA

**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:

MGRM

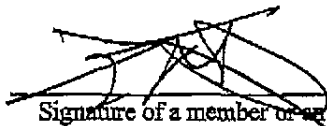
Tampa Area Residential LLC

1719 Rt. 10 East, Suite 217

Parsippany, 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)**