

L050000733 68

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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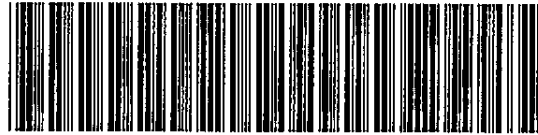
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY

FILED
05 JUL 25 AM 8:14
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TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 502788 7331525

AUTHORIZATION :

Patricia Iqrit

COST LIMIT : \$ 160.00

ORDER DATE : July 25, 2005

ORDER TIME : 3:37 PM

ORDER NO. : 502788-030

CUSTOMER NO: 7331525

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

DOMESTIC FILING

NAME: KRA SWEETWATER 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: _____



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

FILED
05 JUL 25 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 25, 2005

SARA LEA
CSC
TALLAHASSEE, FL

SUBJECT: KRA SWEETWATER LLC
Ref. Number: W05000035289

We have received your document for KRA SWEETWATER LLC and the authorization to debit your account in the amount of \$160.00. However, the document has not been filed and is being returned for the following:

The R.A. must please sign the R.A. acceptance statement.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 505A00048428

RESUBMIT
Please give original
submission date as file date

RECEIVED
05 JUL 26 PM 12:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILED
05 JUL 25 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

KRA Sweetwater 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: Deborah D. Skipper

Registered Agent's Signature

Deborah D. Skipper
Asst. V. Pres.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:

MGRM

Tampa Area Residential LLC

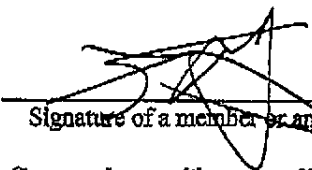
1719 Rt. 10 East, Suite 217

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 signer

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)