

L07000027866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

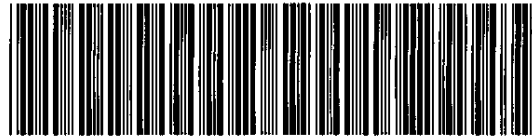
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07 MAR 14 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07 MAR 14 PM 12:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 801217 7331525

AUTHORIZATION :

L. J. Coleman

COST LIMIT : \$ 125.00

FILED
07 MAR 14 PM 3:32
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : March 13, 2007

ORDER TIME : 10:52 AM

ORDER NO. : 801217-005

CUSTOMER NO: 7331525

DOMESTIC FILING

NAME: KR FLORIDA MANAGER LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace - EXT. 2928

EXAMINER'S INITIALS: _____

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

KR FLORIDA MANAGER LLC**ARTICLE II - Address:**

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

Principal Office Address:4700 Rio Grande Avenue
Apt. 274
Orlando, Fla. 32839**Mailing Address:****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: Mary Winer

Registered Agent's Signature

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

Joseph Kazarnovsky

c/o Fieldstone Properties

1719 Route 10 East

Suite 217

Parsippany, NJ 07054

MGRM

Ralph Rieder

c/o Fieldstone Properties

1719 Route 10 East

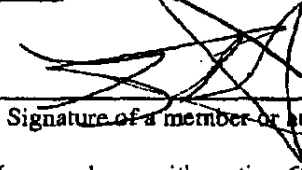
Suite 217

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

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)