

U13000147341

**Florida Department of State
Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
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Phone : (850)222-1092
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• Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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**FLORIDA LIMITED LIABILITY CO.
NW 11th Street 1715, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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B. BOSTICK

OCT 21 2013

EXAMINER

10/18/2013

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NW 11th Street 1715, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan L. Masone
Name of Person
c/o Kimco Realty Corporation
Firm/Company
3333 New Hyde Park Road
Address
New Hyde Park, New York 11042
City/State and Zip Code
dareth.jeffers@wolterskluwer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan L. Masone at (516) 869-7205
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECORDED BY C. J. PHILLIPS
TALLAHASSEE, FLORIDA
2013 OCT 18 AM 8:31

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NW 11th Street 1715, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3333 New Hyde Park Road
New Hyde Park, New York 11042

3333 New Hyde Park Road
New Hyde Park, New York 11042

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CT Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33324
City, State, and Zip

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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, F.S.

CT Corporation System
By: Debbie Diaz
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Debbie Diaz
Assistant Secretary

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member KRCX Florida Realty,	
<u>LLC</u>	3333 New Hyde Park Road
Managing Member	New Hyde Park, New York 11042
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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STATE OF FLORIDA
SECRETARY OF STATE

REQUIRED SIGNATURE:

Susan L. Mason, *Asst. Sec.*

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.)

SUSAN L. MASON
Assistant Secretary of KRCX Florida Realty, LLC

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)