Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

KilKenny Equipment LLC

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

x 05/12/16

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Corporate Filing Menu

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SECRETARY OF STATE

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KilKenny Equipment LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
he mailing address and street address of the principal office of the principal office of the principal office Address:	of the Limited Liability Company is: Mailing Address:

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

BLUMBERGEACEL	SIUK CURPURA	IE SERVICES, INC.
	Name	
155 Office Plaza Driv	e, 1st Fl.	
Florida street address	(P.O. Box NOT at	eceptable)
TALLAHASSEE	FL	32301
City	State	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 appoinment 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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Mark Russell
	6 East 236th Street Apt 1
	Bronx NY 10470
	
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