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ACCOUNT NO. : 072100000032

REFERENCE : 944481

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: October 27, 2004

ORDER TIME : 10:21 AM

ORDER NO. : 944481-005

CUSTOMER NO: 4321551

CUSTOMER: Patrick Mincey

Moore & Van Allen, Pllc

Suite 4700

100 North Tryon Street Charlotte, NC 28202-4003

FOREIGN FILINGS

NAME: TKC LXXIV, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire -- EXT# 2909

EXAMINER:

College A. Co.

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

number, if applicable)	cign Limited Liabi		
number, if applicable)	_	(Name of	
number, if applicable)	3,	h Carolina hon under the law of which foreign	North Ce
	nted Hability	is organized)	ompany is or
	5.	ber 20, 2004	October
nited Hability company will cease to		(Date of Organization)	
,		1	
tion.) ability)	business in Pibrida & 608.502 F.S. to o	(Date first transact (Rec sections 608.50	···
	Suite 200	5935 Carnegie Boulevard	5935
	1a 28209	Charlotte, North Carol	Che
	treet Address of P		
re 🗌	er-managed con	ted liability company is a man	f limited li
	60 3	77	701
nanagers are as follows:	s of the managin	une and usual business addres	the name a
	orized Member	Renneth R. Beutley, Aut	Ker
	on	c/o The Keith Corporat	2/5
		5935 Carnegie Boulevar Charlotte, North Carol	
	18 79203	Cherrotte, Month Caro,	CRE
ted by the official having custody of rec	more than 90 days	d isan ndahal certificate of existence	Attached is a
centificate is in a foreign language, a	l. (A photocopy is n	on under the law of which it is organi	risdiction un
- •.	or must be submitted	of the cutilicate under cath of the trans	lation of the
a real estate	conducted or nre	re of business or purposes to b	Nature of
		;	
	11		
	Bul	hair	
	bor or an author	Signature of a mo	
	ber or an author a 608.408(3), F.S., U	Signature of a mo	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	e of the Limited Liability C	ompany is:	
TKC L	KXIV, LLC		
2. The name	e and the Florida street add	ress of the registered agent and offic	e are:
	Corporation Service	e Company	
		(Name)	
•	1201 Hays Street		
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301	
		City/State/Zip	
liability compagent and ag relating to the obligations of	pany at the place designated gree to act in this capacity. I he proper and complete perfo	and to accept service of process for the in this certificate, I hereby accept the further agree to comply with the provormance of my duties, and I am familiagent as provided for in Chapter 608,	e appointment as registered visions of all statutes ar with and accept the

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

TKC LXXIV, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 20th day of October, 2004, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



my hand and affixed my official seal at the City of Raleigh, this 27th day of October, 2004

Elaine I. Marshall

IN WITNESS WHEREOF, I have hereunto set

Secretary of State

Certification# 81104150-1 Reference# 6117426-ACH Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification