Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000285203 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

Prom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5926

06 NOV 29 PH

KCF Management LLC

GN LIMITED LIABILITY CO.

	<u> </u>
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

FROM : Deborah Farolito

PHONE NO. : 516 725 6815

Nov. 29 2006 11:14AM P3

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

1.	KCF MANAGEMENT LLC (Name of Foreign Limited Limits)
7	DRIAWARE [Autishedien under the law of which (breign hunted liability (P2 sumber, if applicable) company is organized)
4.	00/05/2003 (Date of Organization) (Date of Organization) (Date of Organization) (Date of Organization)
6.	Upon Filing (Date first transacted business in Florida, if prior to registration.) (See sections 608.591 & 608.502 P.S. to determine penalty Hability)
7.	Wellington, FL
8.	(Sieser Address of Principal Office) If limited liability company is a manager-managed company, check here
9.	The name and usual business addresses of the managing members or managers are as follows: Robert Harvey Toward ment Management + Administration Res
	2627 Muirfiell Court, Wellington, Fl. 33414
CO	. Attached is an original certificate of existence, no more than 90 days old, duly anthemicated by the official having study of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida:
	Management Administration Libert Hawey Signature of a member or an authorized representative of a member. (In accordance with section 608.403(3), F.S., the execution of this document constitution
	an affirmation under the possibles of parity that the finis stated hands are 1700.)

FROM : Deborah Ferelite

PHONE NO. : 516 725 6015

Nov. 29 2006 11:14AM P2

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the Limited Liability Company is: KCF MANAGEMENT LLC 2. The name and the Florida wreet address of the registered agent and office are:			
		CT Congestion System	
•	1	(Name)	
		1200 South Pine Island Road	
	171	orida Street Address (P.O. Box. NOT ACCEPTABLE)	
	4,	Plantation, Florida 33324	
		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 cartificate, 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, Flarida Statutes.

C T Corporation System

By: Corlor Oburice Barbara A, Burka

(Signature) Special Assistant Secretary

\$ 190.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 36.00 Certified Copy (eptionsi)
\$ 5.00 Certificate of Status (optional)

FLATT- MERCECT Sealest College

:::

8508785926

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KCF MANAGEMENT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



3666454 8300 061089077

AUTHENTICATION: 5232412

DATE: 11-29-06