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PICK-UP WAIT MAIL					
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Special Instructions to Filing Officer: L. SELLERS					
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COVER LETTER

TO: Regist Division	ration Section on of Corporations	3		·			
SUBJECT:		KC WH	MELOCK	, LLC	<u> </u>		
		(Name of Limited Liability Company)					
Florida," Cert		e, and check are	submitted to re	any for Authorization to gister the above reference			
Please return	all correspondence	concerning this	s matter to the fo	ollowing:			
	CONY	Rehare					
CONT Rehate (Name of Person)							
	CKC WHITELOCK, LLC (Firm/Company)						
		(Firm/Company))			
	678 RE	ISTE KSTOW	N ROAD				
			(Address)				
	PIKESUI	LLE	MD	21208 (ode)			
		(City)	State and Zip C	Code)			
For further inf	formation concerni	ing this matter,	please call:				
Co	ONY REHA	ĸ	a1 (410	653 - 763 ode & Daytime Telepho	0 ×102		
	(Name of	Person)	(Area C	ode & Daytime Telepho	one Number)		
MAIL	ING ADDRESS:		STREET A	ADDRESS:			
Division of Corporations			Division of Corporations				
P.O. Box 6327			Clifton Building 2661 Executive Center Circle				
i airan	assee, FL 32314			e, FL 32301			
	check for the follo	wing amount: \$130.00 Filing Fee		Filing Fee & \$160.00 F	Filing Fee, Certificate		

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO REGISTER A FUREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. CKC WHITELOCK LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. MARYLAND (Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. PERPETUAL (Duration) 5. PERPETUAL (Duration: Year limited liability company will cease to
4. 12163 (Date of Organization) 5. PERPETVAL (Duration: Year limited liability company will cease to exist or "perpetual")
6:(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
172 October 11 Park
PIKESVILLE MID 21208
(Street Address of Principal Office)
9. The name and usual business addresses of the managing members or managers are as follows: OARL VERSTANDIE, MENSING MEMBER.
678 REISTERSTOWN ROAD
PIKESVILLE MD 21208
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is 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: DWN Real, estate
Carl Verslands M.M.
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)
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 of the Limited Liability Com	pany is:				
CKC Whitelock, LLC					
If name unavailable, the alternate name to	be used in the stat	e of Florida is:			
2. The name and the Florida street address	of the registered	agent and office are:			
c	C T Corporation System				
	(Name)				
1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)					
					Plantation
1	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 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.

C T Corporation States Survey

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

2008 JUN -6 PM 3: 04
SECRETARY OF STATE

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CKC WHITELOCK, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 27, 2008.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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