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12/22/08--01001--011 **160.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 18. Shvesions Nevada 12C (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
BEVIN BRADY (Name of Person)
H.B. FRVESIORS NEVada FOR TO THE STATE OF TH
130/0 NW 90th Ave From BALLE TO BALLE TO BELLE T
BEddick FL 32686 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) (Name of Person) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{align*} \pm

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing	
Members of H.B. SIVESIORS 22C., (Name of Limited Liability Company)	
a limited liability company duly organized and existing under the laws of	
(State or Country of Organization)	
Because the name of this foreign limited liability company does not satisfy the	
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the	
following name to transact business in the state of Florida:	CONTRACT
Name to be used by Hmited liability company in Florida. NOTE: Name must end with Limited kindlity company, L.L.C., or LLC.)	
Date: 12/18/08	O
Signature(s) of Manager(s) and/or Managing Member(s):	
God Managing Membe	_

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

IN COMPLIANCE WITH SECTION 608.503. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") EVada (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.") (Jurisdiction under the law FEI number, if applicable) company is organized) 5. (Duration: Year limited liability company w Tease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 8. 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: Eddici 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: 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 etated herein are true.)

Typed or printed name of signee

\$w(

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 Company is:	A	2008
K.B. FAVESIONS 22C	SA E	是 D
If name unavailable, the alternate name to be used in the state of Florida is:	ARY O	- F
15.B. Thresmas NEVada	12	
2. The name and the Florida street address of the registered agent and office	골	
BOWEN GillEspie	PA.	
7(0) No. FESTERAL HU Florida Street Address (P.O. Box NOT ACCEPTABLE)	Y. STE	165A
Boca Bajon Ft. 3348	7_	
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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.

\$ 100.00 Filing Fee for Application

5 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **KB INVESTORS LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 8, 2008, and is in good standing in this state.

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office on December 18, 2008.

ROSS MILLER Secretary of State

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my

Electronic Certificate
Certificate Number: C20081218-1926
You may verify this electronic certificate
online at http://www.nvsos.gov/