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SEGRETARY OF STATE
VALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJECT: KKOT Associates, LLC						
	Name of Limited Liability Company					
The er Existe	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florid	of a				
Please	turn all correspondence concerning this matter to the following:					
	KEVIN K. OSAFO-TWUM					
	Name of Person					
	KKOT Associates, LLC					
Firm/Company						
2569 Fish Avenue						
Address						
	BRONX, NY 10469					
City/State and Zip Code						
	kkotassociates@gmail.com					
	E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:						
	KEVIN K. OSAFO-TWUM at (718) 344-7094					
	Name of Person Area Code & Daytime Telephone Number					
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclo	ed is a check for the following amount:					
	\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy \$155.00 Filing Fee & Certified Copy					



September 8, 2009

KEVIN K. OSAFO-TWUM 2569 FISH AVENUE BRONX, NY 10469

SUBJECT: KKOT ASSOCIATES, LLC

Ref. Number: W09000040225

We have received your document for KKOT ASSOCIATES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the Certificate of Designation of Registered Agent/Registered Office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 609A00029732

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:

I. KKOT Assoc (Name of Foreign Limited Liability Company; must include	siates, 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 consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	
2. NEW YORK (Jurisdiction under the law of which foreign limited liability) 3.	26-2178038
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4 MARCH 6, 2008 5. (Date of Organization)	N/A
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
5. N/A	;
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)
7. 2569 FISH AVENUE	
PRONY NV 10460	7 7 SSE
BRONX, NY 10469 (Street Address of	Principal Office)
	ompany, check here
If limited liability company is a manager-managed or	ompany, check here
9. The name and usual business addresses of the manag	ging members or managers are as follows:
KEVIN K. OSAFO-TWUM, 2569 FISH AVENUI	E PRONY NY 10460
REVIN K. OSAFO-1 WOW, 2509 FISH AVENUE	=, BRONA, NT 10409
10. Attached is an original certificate of existence, no more than 90 day	
he jurisdiction under the law of which it is organized. (A photocopy i	
ranslation of the certificate under oath of the translator must be submit	ieci.)
11. Nature of business or purposes to be conducted or p	promoted in Florida:
CONSTRUZTIØN MANAGEN	MENT & DEVELOPMENT
	orized representative of a member.
(In accordance with section 608.408(3), F.S. an affirmation under the penalties of perjury	
1	SAFO-TWUM
Typed or printed n	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 Comp	pany is:	
KKOT	Associates, LLC	
If unavailable, the alternate to be used in th	e state of Florida is:	
2. The name and the Florida street address	of the registered agent and office are	e:
F	Patrick Gordon	SECTALLY
	(Name)	
1225 West	Beaver Street, Suite 201	SSEE.
Florida Street Add	dress (P.O. Box <u>NOT</u> ACCEPTABLE)	From C
Jack	ksonville,序L 32202	
	City/State/Zip	
Having been named as registered agent and liability company at the place designated in the agent and agree to act in this capacity. I further relating to the proper and complete performed obligations of my position as registered agent (Signature) \$ 100.00	this certificate, I hereby accept the apt ther agree to comply with the provision ance of my duties, and I am familiar w at as provided for in Chapter 608, Flow	pointment as registered ons of all statutes with and accept the
\$ 100.00	9	1

\$ 30.00 Certified Copy (optional)

5.00

Certificate of Status (optional)

State of New York Department of State } ss:

I hereby certify, that KKOT ASSOCIATES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/07/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department.

TNESS

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 20th day of August two thousand and nine.

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