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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

JUL 15 2011

COVER LETTER

TO:	Registration Section Division of Corporat						
SUBJE	KDJ2X3	LLC					
SUBJE			me of Limited Liability Company	1			
			bility Company for Authorization bove referenced foreign limited li				
Please	return all corresponder	nce concerning this ma	atter to the following:				
			Wendy Hefley				
	- 		Name of Person				
			Incorp Services, Inc.				
			Firm/Company				
		2360	Corporate Circle, Suite	400			
			Address				
		He	nderson, NV 89074-772	2			
			City/State and Zip Code				
		k	dj2x3llc@gmail.com		IAT SI	K)	*
	 	E-mail address: (to be used for future annual repor	rt notification)		Ξ	ر پي چ ئونن
For fur	ther information conce	ming this matter, plea	ase call:		CRETARY OF ST	2811 JUL 13	
	We	ndy Hefley	at (702)	866-2500	Y OF		
	Na	me of Person	Area Code & Daytime Tele	phone Number	STATE	AM 9: 36	
MAILING ADDRESS: Division of Corporations Registration Section		STREET ADDRESS: Division of Corporations		AOI V	36		
			Registration Section Clifton Building				
P.O. Box 6327 Tallahassee, FL 32314			2661 Executive Center Circle Tallahassee, FL 32301				
Enclos	sed is a check for the		int:	Taleo oo Elling Per	Contident	_	
Ĺ	\$125.00 Filing Fee	\$130.00 Filing For Certificate of Sta		\$160.00 Filing Fee, of Status & Certifie		5	

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

IN COMPLIANCE WITH SECTION 608.508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: KDJ2X3 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.") (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 05/18/2011 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") Upon registration (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 2360 Corporate Circle, Ste 400 Henderson, NV 89074-7722 (Street Address of Principal Office) 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: Member Manager - Kenneth H Neal 2360 Corporate Circle, Ste 400, Henderson, NV 89074-7722 10. Attached is an original certificate of existence, no more than 90 days old, duty 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: Real Estate Investments: Buying, Selling, Renting and Tax Lien Certificates 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Kenneth H Neal

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 Company is:			
KDJ2X3 LLC			
If unavailable, the alternate to be used in the state of Florida is:			
2. The name and the Florida street address of the registered age	SECRETA TALLAHA	<u></u>	
Incorp Services, Inc.		L	
(Name)		I JUL 13 CRETARY CLAHASSEE	
17888 67th Court Nor	AH AH	<u> </u>	
Florida Street Address (P.O. Box NOT A		IM 9: 36 PSTATE FLORIDA	a
Loxahatchee FL	33470		
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.

BRACE OF INCORP SERVICES, WC.

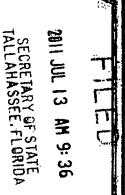
\$ 100.00 Filing Fee for Application

\$ 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, KDJ2X3 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 May 18, 2011, and is in good standing in this state.

1 2.11 **ROSS MILLER**

office on July 8, 2011.

Electronic Certificate Certificate Number: C20110708-2271 You may verify this electronic certificate online at http://www.nvsos.gov/

Secretary of State

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