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SECRETARY OF STATE

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE, TALLAHASSEE, FL 32301 **1.**222-1173

FILING COVER SHEET ACCT. #FCA-14

CORPDIRECT AGENTS, IN	C. (formerly CCRS)		
515 EAST PARK AVENUE, TALLAHASSEE, FL 32301		T. C.	
1422-11/3		1000	
FILING COVER SHEE	Γ	the state of	
ACCT. #FCA-14			
CONTACT: RICK	CY SOTO		
DATE: <u>09/19</u>	<u>/2011</u>		
REF. #: 00092	<u>8.154391</u>		
CORP. NAME: KIC	PROP-15 LLC	•	
() ARTICLES OF INCORPORA	TION () ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION	
() ANNUAL REPORT	() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME	
(XX) FOREIGN QUALIFICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY	
() REINSTATEMENT	() MERGER	() WITHDRAWAL	
() CERTIFICATE OF CANCEL	LATION		
OTHER:			
	•		
STATE FEES PREPA	D WITH CHECK# <u>541538</u>	FOR \$ 155.00	
AUTHORIZATION F	OR ACCOUNT IF TO BE DEBIT	ED:	
	COST L	IMIT: \$	
PLEASE RETURN:			
(XX) CERTIFIED COPY	() CERTIFICATE OF GOOD STANDING	() PLAIN STAMPED COPY	
() CERTIFICATE OF STAT	US	•	
Examiner's Initials			
right and the state of the sta			

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

	LIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGI LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	KIC PROP-15 LLC ame of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(N	ame of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
consent of	navailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability" "L.L.C," "LLC.")
2.	NEW JERSEY 3. 45-2804843 ction under the law of which foreign limited liability (FEI number, if applicable)
(Jurisdi compar	y is organized)
4	07/22/2011 5. PERPETUAL (Date of Organization) (Duration: Year limited liability company will cease to
	07/22/2011 (Date of Organization) 5. PERPETUAL (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)
7. <u>101</u>	E. BROADWAY, HACKENSACK, NJ 07601
	
	(Street Address of Principal Office)
8. If lim	ited liability company is a manager-managed company, check here X
9. The n	ame and usual business addresses of the managing members or managers are as follows:
KIC	PROPERTIES LLC
101	E. BROADWAY
HAC	KENSACK, NJ 07601
the jurisdic	ed is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in tion under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a of the certificate under eath of the translator must be submitted.)
11. Natı	are of business or purposes to be conducted or promoted in Florida:
	REAL ESTATE INVESTMENT .
	Dahla Cream
	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.)
	DALE A. CREAMER Authorized Signatory
	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	of the Limited Liability Co	ompai	ny is:		
	KI	C PI	ROP-15 LLC		
If unavailable,	the alternate to be used in	n the s	state of Florida i	s:	
2. The name a	and the Florida street addre	ess of	f the registered a	gent and office are	
	NRAI Services, Inc.				
			(Name)		
	515 East Park Avenue			, 	
	Florida Street	Addre	ss (P.O. Box <u>NOT</u>	ACCEPTABLE)	
	Tallahassee		FL	32301	
			City/State/Zip		
liability compa agent and agre relating to the p obligations of n NRAI Services By:	amed as registered agent any at the place designated e to act in this capacity. I proper and complete perform position as registered agent, inc. (Signature) RIK, ASSISTANT SECRE	in this furthe rmana gent a	s certificate, I her er agree to compl ce of my duties, a as provided for in	reby accept the app y with the provision nd I am familiar wi	ointment as registered ns of all statutes ith and accept the
C/	\$ 100. \$ 25. \$ 30.	.00	Filing Fee for A Designation of Certified Copy	Registered Agent (optional)	

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

KIC PROP-15 LLC

0400431252

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 22, 2011.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Glenn M Rocca 101 E Broadway Hackensack, NJ 07601

THE STATE OF LINE SERVICES

Certification# 121578075

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of September, 2011

Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp