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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

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J. SAULSBERRY EXAMINER MAR 15 2013 CR2B027 (9/10)

	COVI	ER LETTER			
TO: Registration Section Division of Corporations	ē				
SUBJECT: KCR e	al, LLC			•	
	Name of Limi	ted Liability Company			
The enclosed "Application by For Existence, and check we submitted	reign Limited Liability Comp ed to register the above refere	any for Anthorization to Truced foreign limited liability	usact Business in Plorida. V company to transact busin	" Certificate : uess in Floric	of ia.
Piesse return all correspondence	concerning this matter to the	following:			
(TONNIE M	ORRIS			
	Nau	ne of Person			
	KCReal LL	<u> </u>		2	
·	Fin	u/Company		03	
	9 SALEM R	OAD	AHA AHA	2013 MAR 15	Υ.
		Address			
` <u> </u>	WEAVERVILLE City/Sta	NC 2878	AHASSEE, TLAND	-	1
	City/Sta	to and Zip Code	86 86	22	
	clmo-cach.	′.σ M	£200	10	
**************************************	E-mail address: (10 bo used)	for fitture mutual report noti	lication)	,	
Por further information concerning	g this matter, please call:				
CONNIE M	ORRAS of Person Area	n(828) 23			
Nunc	of Person Area	Code & Daytime Telephone	Number		
MAILING ADDRESS: Division of Corporations		f ADDRESS: of Convorations		•	
Registration Section P.O. Box 6327	Registrat Cliffon E	sion Section			
Tallahassee, FL 32314		sunding contive Center Circle		·	
	Tallahas	ree. FL 32301		•	
Enclosed is a check for the t	following amount:				
☑ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified Copy	Status & Certified		

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

IN COMPILANCE WITH SECTION 608 503, FLORIDA STATUTES, THE FOLLOWING IS SURMITTED TO REGISTER A F LIMITED LIABILITY COMPANITOTRANSACT BUSINESS IN THE STATE OF FLORIDA:	OREIGI
1.	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil Company." "L.L.C." "LLC.")	_ written ity
2. NORTH CARULINA (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	~
4. 1 08 5 Perpetu IL (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	-
6. Onto first transacted business in Florida, if prior to registration.)	<u>-</u>
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 19 SALEM LOAD	
19 SALEM ROAD	- T
WEAVERVILLE NC 28787 ST 5	_ 「
If limited liability company is a manager-managed company, check here \(\sum_{\text{S}} \sqrt{\text{S}} \) The name and usual business addresses of the managing members or managers are as follows: \(\text{VRT RMITER ! COUNIE MORNIS} \)	**************************************
19 SAIEM ROAD	_
WEAVERVILLE NC 28787	_
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of the jurisdiction, under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, translation of the certificate under eath of the translator must be submitted.)	recoards a
11. Nature of business or purposes to be conducted or promoted in Florida:	
REAL ESTATE	····*
REAL ESTATE Connie Maris	
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 perjusy that the facts stated herein we true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellows as provided for in s.817.155, F.S.)	
CONNIE MORRIS	
Typed or printed name of signee	

ALCHOOLS DUCT AND

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.

the Limited Liability Company is: Real LLC	
ne alternate to be used in the state of Florida is:	
d the Florida street address of the registered agent and office are:	
KURT IRMITER (Name)	201 1ALI
451 BLACKBURN STREET Florida Street Address (P.O. BOX NOT ACCEPTABLE)	ZOIS MAR 15 AM 9: 22 SECACTARY OF STATE ALL AHASSEF, FLORIDA
ENGLEWOOD FL 34223	PF SIN
	Real, LLC he alternate to be used in the state of Florida is: d the Florida street address of the registered agent and office are: KURT RMITER (Name) 451 BLACKBURN STREET Florida Street Address (P.O. Box NOT ACCEPTABLE)

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 \$ 25.00 Designation of Registered Agent

\$ 30.00 Certifled Copy (optional)

\$ 5.00 Certificate of Status (optional)

NORTH CAROLINA Department of the Secretary of State

ERTIFICATE OF EXISTENCE (Limited Liability Company)

KCREAL, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 20th day of December, 2007, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

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SECRETARY OF STATE
TALL AHASSEF OF STATE





Scan to verify online.

Certification# 93727214-1 Reference# 11363915-ACH Page: 1 of 1 Verify this certificate online as www.secretary.state.ne.us/verification

IN WITNESS WHEREOF, I have hercunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of March, 2013.

Elaine J. Marshall

Secretary of State