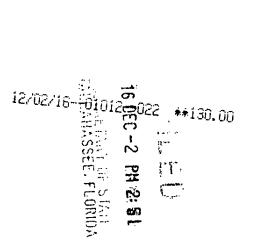
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(1100	juestoi s (vaine)				
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(Bus	siness Entity Nar	ne)			
(Doc	cument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to I	Filing Officer:				
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Office Use Only



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DEC 0 6 2016 Y SULKER



December 1, 2016

Office of Secretary of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

RE: Registration of Foreign Entity for KABR Management IV, LLC

To Whom It May Concern:

Please find enclosed a completed Application for Registration of a Foreign Limited-Liability Company for KABR Management IV, LLC. Additionally, please find a Certificate of Good Standing issued by the State of New Jersey and check number 5098 in the amount of \$130.00 which is tendered on behalf KABR Management IV, LLC in order to pay the applicant's fees associated with this request, including \$5.00 for a Certificate of Status. Please return to us our Registration Certificate and Certificate of Status to the below address. Please contact us if you have any questions.

Sincerely,

Frank Keasler

Chief Business Officer

ion Rleaden

Enclosures

COVER LETTER

CUDIFOT.	KABR Managemen	nt IV, LLC					
SUBJECT;	Name of Limited Liability Company						
The enclosed Existence, and	"Application by Fo	reign Limited Liability Comed to register the above reference	pany for Authorization	ation to Tr ited liabilit	ransact Business in Florida," Certi ty company to transact business in	ficate o	
lease return a	all correspondence	concerning this matter to the	e following:				
	Laurence J. Ra	appaport					
		Ŋ	lame of Person				
	KABR Manag	ement IV, LLC					
		F	irm/Company				
	100 CHALLENGER RD. SUITE 401						
			Address				
	RIDGEFIELD	PARK, NJ 07660					
		City/S	State and Zip Code				
	LRappaport@ka	brgroup.com					
	·	E-mail address: (to be use	d for future annual	report no	tification)		
For further info	ormation concerning	g this matter, please call:					
Frani	k Keasler		904	247-53	34		
	Name o	of Contact Person	at (Area Code) Day	vtime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301			
	check for the follow 25.00 Filing Fee	ring amount: \$\Bigsim \text{\$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certifica of Status & Certified Copy	ite	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. KABR Management IV (Name of Fore	ign Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," o	r "LLC.")
(If name unavailable, enter alt	ternate name adopted for the purpose of transacti or "LLC.")	ng business in Florida. The alternate na	me must include "Limited
New Jersey	3. 81-	1078847	
(Jurisdiction under the law of company is organized)	of which foreign limited liability	(FEI number, if applicable	;)
December 15, 2016			
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. to	, if prior to registration.)	_
5. 100 CHALLENGER R		ructumic penalty nationally)	_
RIDGEFIELD PARK,			
100 CHALLENGER RI	(Street Address of Principal Offi	ice)	
). TOU CHALLENGER RI	D. SOITE 401		_
RIDGEFIELD PARK,	NJ 07660		
	(Mailing Address)		
7. Name and street address	s of Florida registered agent: (P.O. Box NO	OT acceptable)	25
Nome:	General Management and Agent Services,	LLC	Es di
Name.	Name:		
Office Address:	645 Mayport Road, Suite 5		C - C
	Atlantic Beach	, Florida	
Desistened assets asset	(City)	(Zip code)	T # 11
Registered agent's accept Having been named as reg	tance: gistered agent and to accept service of proc	ess for the above stated limited liab	ilio company at the place
lesignated in this applicate	tion, I hereby accept the appointment as reg	gistered agent and agree to act in th	his capacity 1 further agree
	ons of all statutes relative to the proper and ny position as registered agent.	complete performance of my dutie	s, an d I am familiar with an
,	LOLD LB.	Manager	
	(Registered agent's		
0 70			
•	city and address of the person(s) who has/ha	ve authority to manage is/are:	
Laurence J. Rappaport, Ma	anaging Member		
100 Challenger Road, Suit	te 401		
Ridgefield Park, NJ 07660)		
Attached is a certificate our is diction under the law of the translator must be su		in a foreign language, a translation o	of the certificate under oath
	TO DE	Authorized Person	<u>1</u>
·	Signature of an authori	izod person	
This document is executed	in accordance with section 605.0203 (1) (b),	, Florida Statutes. I am aware that an	y false information

Typed or printed name of signee

Jeff D. Klotz

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

KABR MANAGEMENT IV, LLC 0600426143

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 November 12, 2015.

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 office are:

LAURENCE J. RAPPAPORT 100 CHALLENGER RD. SUITE 401 RIDGEFIELD PARK. NJ 07660



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 1st day of December, 2016

Ford M. Scudder

Acting State Treasurer

Certificate Number: 6075999017

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp