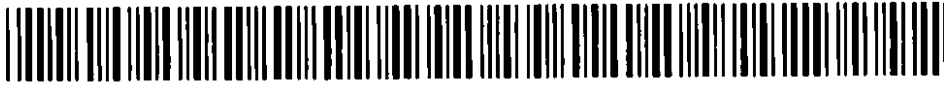


THIRD SUBMISSION; ORIGINALLY SUBMITTED ON 5/25/2022 AND  
5/27/2022 WITH NO RESPONSE FROM FL DOS

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.  
Account Number : 076666002140  
Phone : (727)461-1818  
Fax Number : (727)441-8617

\*\*Enter the email address for this business entity to be used for future  
annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
KRI Landings at Crystal Cove, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$155.00 |

2022 JUN -2 PM 3:16

2022 MAY 25 PM 3:51  
APPROVED  
AND  
FILED

((H22000183846 3))

**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:*

1. KRI Landings at Crystal Cove, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)      3. \_\_\_\_\_ (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3001 North Rocky Point Drive East  
(Street Address of Principal Office)

6. 9821 Olde Eight Road  
(Mailing Address)

Suite 200

Suite F

Tampa, Florida 33607

Northfield, Ohio 44067

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: KRI Properties Florida, LLC

Office Address: 3001 North Rocky Point Drive East, Suite 200

Tampa, Florida 33607  
(City) (Zip code)

APPROVED  
AND  
FILED  
2022 MAY 25 PM 3:51

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

Kenneth A. Gcc, as Authorized Representative of KRI Properties Florida, LLC

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>             | <u>Title or Capacity:</u>                   | <u>Name and Address:</u>                      |
|---|--------------------------------------|---|---|
| <input checked="" type="checkbox"/> Manager | Name: <u>Kenneth A. Gee</u>          | <input checked="" type="checkbox"/> Manager | Name: <u>Rob Friedberg</u>                    |
| <input type="checkbox"/> Member             | Address: <u>9821 Olde Eight Road</u> | <input type="checkbox"/> Member             | Address: <u>801 Southeast Riverside Drive</u> |
| <input type="checkbox"/> Authorized         | <u>Suite F</u>                       | <input type="checkbox"/> Authorized         | <u>Stuart, Florida 34994</u>                  |
| Person                                      | <u>Northfield, Ohio 44067</u>        | Person                                      | <u></u>                                       |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____          |


|   |   |                                      |                                      |
|---|---|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>Brad Gillman</u>                     | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: <u>801 Southeast Riverside Drive</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | <u>Stuart, Florida 34994</u>                  | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | <u></u>                                       | Person                               | <u></u>                              |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

|   |   |                                      |                                      |
|---|---|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>Daniel Gillman</u>                   | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: <u>801 Southeast Riverside Drive</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | <u>Stuart, Florida 34994</u>                  | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | <u></u>                                       | Person                               | <u></u>                              |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

  
\_\_\_\_\_

Signature of an authorized person

Kenneth A. Gee, Manager

Typed or printed name of signee

# Delaware

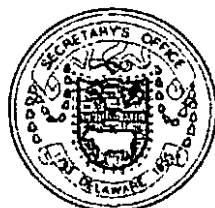
The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KRI LANDINGS AT CRYSTAL COVE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KRI LANDINGS AT CRYSTAL COVE, LLC" WAS FORMED ON THE TENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



  
Jeffrey W. Bullock, Secretary of State

6789738 8300

SR# 20222008744

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203435309

Date: 05-16-22