

5/1/23, 3:18 PM

Division of Corporations

M23000005644

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000162549 3)))



H230001625493ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: pnigro@kimcorealty.com

Foreign Limited Liability Company
KRCX DELAWARE COMPANY, LLC

Table with 2 columns: Item, Value. Rows: Certificate of Status (0), Certified Copy (1), Page Count (04), Estimated Charge (\$155.00)

RECEIVED
MAY 01 2023
DIVISION OF CORPORATIONS

2023 MAY - 1 PM 6:11
FILED

Handwritten signature

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. KRCCX Delaware Company, 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.
(EIN 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. 500 N. Broadway, Suite 201
(Street Address of Principal Office)
Jericho, NY 11753
6. 500 N. Broadway, Suite 201
(Mailing Address)
Jericho, NY 11753

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

2023 MAY -1 PM 6:11
RECEIVED

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.

By: Meredith Hellwig, Assistant Secretary
(Registered agent's signature)

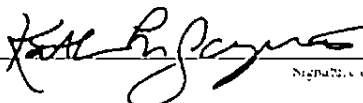
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<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>Conor C. Flynn</u>	<input type="checkbox"/> Manager	Name: <u>Barbara E. Briamonte</u>
<input type="checkbox"/> Member	Address: <u>500 N. Broadway, Suite 201</u>	<input type="checkbox"/> Member	Address: <u>500 N. Broadway, Suite 201</u>
<input type="checkbox"/> Authorized Person	<u>Jericho, NY 11753</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Jericho, NY 11753</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Ross Cooper</u>	<input type="checkbox"/> Manager	Name: <u>Paul Dooley</u>
<input type="checkbox"/> Member	Address: <u>500 N. Broadway, Suite 201</u>	<input type="checkbox"/> Member	Address: <u>500 N. Broadway, Suite 201</u>
<input type="checkbox"/> Authorized Person	<u>Jericho, NY 11753</u>	<input type="checkbox"/> Authorized Person	<u>Jericho, NY 11753</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Glen G. Cohen</u>	<input type="checkbox"/> Manager	Name: <u>Kathleen M. Gazetto</u>
<input type="checkbox"/> Member	Address: <u>500 N. Broadway, Suite 201</u>	<input type="checkbox"/> Member	Address: <u>500 N. Broadway, Suite 201</u>
<input type="checkbox"/> Authorized Person	<u>Jericho, NY 11753</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Jericho, NY 11753</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
 Kathleen M. Gazetto

 Typed or printed name of signer

Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KRCX DELAWARE COMPANY, 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 TWENTY-EIGHTH DAY OF APRIL, A.D. 2023.

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




Jeffrey W. Bullock, Secretary of State

641105 8300

SR# 20231698720

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203239493

Date: 04-28-23