

MZ3000009950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

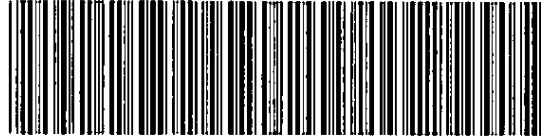
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JUL PH 2:14
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TALLAHASSEE, FLORIDA

AUG 01 2023
K. Brumbloy

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 07/31/2023

Acc#I20160000072

eric dill

Name:	KRCX WRI Management Co., LLC
Document #:	
Order #:	15050785

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<h1>1-2 FILING</h1>	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ **155.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KRCX WRI Management Co., LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kathleen M. Gazerro
Name of Person

KRCX WRI Management Co., LLC
Firm/Company

500 N. Broadway, Suite 201
Address

Jericho, NY 11753
City/State and Zip Code

pnigro@kimcorealty.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen M. Gazerro 516 869-2527
Name of Contact Person at () Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. KRCX WRI Management Co., 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. 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)

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TALLAHASSEE, FLORIDA

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: C T Corporation System (Registered agent's signature)
Kathrine Schneider

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]:

Title or Capacity: Name and Address:
 Manager Name: Conor C. Flynn
 Member Address: 500 N. Broadway, Suite 201
 Authorized Jericho, NY 11753
Person _____
 Other _____ Other _____

Title or Capacity: Name and Address:
 Manager Name: Ross Cooper
 Member Address: 500 N. Broadway, Suite 201
 Authorized Jericho, NY 11753
Person _____
 Other _____ Other _____

Manager Name: Glenn Cohen
 Member Address: 500 N. Broadway, Suite 201
 Authorized Jericho, NY 11753
Person _____
 Other _____ Other _____

Manager Name: Barbara E. Briamonte
 Member Address: 500 N. Broadway, Suite 201
 Authorized Jericho, NY 11753
Person _____
 Other _____ Other _____

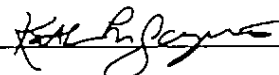
Manager Name: Paul Dooley
 Member Address: 500 N. Broadway, Suite 201
 Authorized Jericho, NY 11753
Person _____
 Other _____ Other _____

Manager Name: Kathleen M. Gazerro
 Member Address: 500 N. Broadway, Suite 201
 Authorized Jericho, NY 11753
Person _____
 Other _____ 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. Gazerro

Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KRCX WRI MANAGEMENT CO., 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-SIXTH DAY OF JULY, A.D. 2023.

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



7206849 8300

SR# 20233088736

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203830201

Date: 07-26-23