

## Florida Department of State

**M23 0000 11494**

Division of Corporations  
Electronic Filing Cover Sheet

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## 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)573-2996

\*\*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  
**KIMZAY LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED

2023 SEP -6 PM 3:11

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 SEP -6 AM 5:41

FILED

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

*IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Kimzey, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. Delaware 3. no FLL number  
(Jurisdiction under the law of which foreign limited liability company is organized) (FLL number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0601 & 605.0605, F.S., to determine penalty liability)

5. 500 North Broadway, Suite 201 6. 500 North Broadway, Suite 201  
(Street Address of Principal Office) (Mailing Address)

Jericho, NY 11753 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)

**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.*

C T Corporation System  
By: Meredith Hellwig Meredith Hellwig, Assistant Sec  
(Registered agent's signature)

**FILED**  
2023 SEP -6 AM 5:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

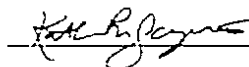
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>KRCX Delaware Company, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Harvey G. Weinreb</u>
<input checked="" type="checkbox"/> Member	Address: <u>500 North Broadway, Ste 201</u>	<input type="checkbox"/> Member	Address: <u>500 North Broadway, Ste 201</u>
<input type="checkbox"/> Authorized	<u>Jericho, NY 11753</u>	<input checked="" type="checkbox"/> Authorized	<u>Jericho, NY 11753</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Barbara E. Briamonte</u>	<input type="checkbox"/> Manager	Name: <u>Kathleen M. Gazerro</u>
<input type="checkbox"/> Member	Address: <u>500 North Broadway, Ste 201</u>	<input type="checkbox"/> Member	Address: <u>500 North Broadway, Ste 201</u>
<input checked="" type="checkbox"/> Authorized	<u>Jericho, NY 11753</u>	<input checked="" type="checkbox"/> Authorized	<u>Jericho, NY 11753</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Paul C. Dooley</u>	<input type="checkbox"/> Manager	Name: <u>Gary J. Bazydlo</u>
<input type="checkbox"/> Member	Address: <u>500 North Broadway, Ste 201</u>	<input type="checkbox"/> Member	Address: <u>500 North Broadway, Ste 201</u>
<input checked="" type="checkbox"/> Authorized	<u>Jericho, NY 11753</u>	<input checked="" type="checkbox"/> Authorized	<u>Jericho, NY 11753</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "KIMZAY, 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 SEVENTH DAY OF JULY, A.D. 2023.

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



647322 8300

SR# 20232945288

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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 in a small font.

Authentication: 203701881

Date: 07-07-23