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CORPORATE  
ACCESS,  
INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

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(Signature)

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99 DEC 16 PM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
with 12/16

1.) Kimpton, LLC  
(CORPORATE NAME & DOCUMENT #)

2.)  
(CORPORATE NAME & DOCUMENT #)

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\*\*\*\*125.00 \*\*\*\*125.00

3.)  
(CORPORATE NAME & DOCUMENT #)

4.)  
(CORPORATE NAME & DOCUMENT #)

5.)  
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. KIMECO, LLC  
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
2. California 3. 95-4639710  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 06/16/97 5. 30 years  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. July 1, 1999  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. 14849 Firestone Boulevard, La Mirada, CA 90638  
(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>Susan Lewis</u>	<u>Mgr.</u>	<u></u>	<u></u>
<u>2212 Beverly Blvd.</u>		<u></u>	
<u>Los Angeles, CA 90054</u>		<u></u>	
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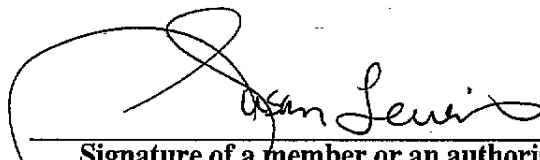
9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

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TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of Kimeco, LLC  
\_\_\_\_\_ certifies:

1) the above named limited liability company has at least one member;

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member**  
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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TALLAHASSEE, FLORIDA

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Susan Lewis, Manager  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$250.00 for Application and Affidavit**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

KIMECO, LLC

2. The name and the Florida street address of the registered agent and office are:

Paracorp Incorporated  
(Name)

236 East 6th Avenue  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee, FL 32303  
City/State/Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

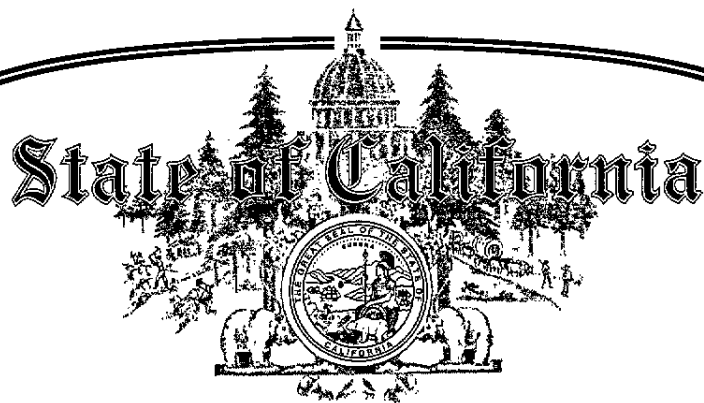
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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Dennis Zoller*  
(Signature)  
Assistant Secretary

**Filing Fee: \$ 35 for Designation of Registered Agent**



## SECRETARY OF STATE

### CERTIFICATE OF STATUS CALIFORNIA LIMITED LIABILITY COMPANY

*I, BILL JONES, Secretary of State of the State of California, hereby certify:*

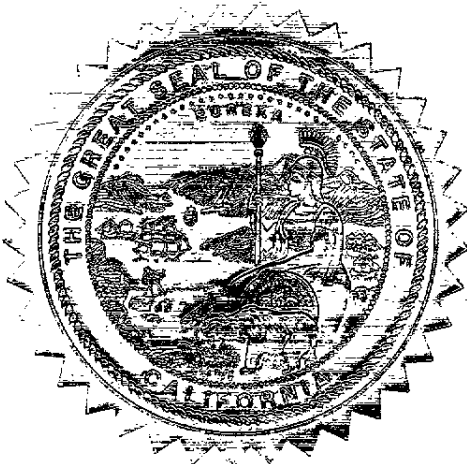
*That on the 16TH day of JUNE, 1997, KIMECO, LLC, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and*

*That no record exists in this office of a certificate of cancellation of said limited liability company nor of a court declaring cancellation thereof; and*

*That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and*

*That no information is available in this office on the financial condition of this limited liability company.*

IN WITNESS WHEREOF, I execute  
this certificate and affix the Great  
Seal of the State of California this  
14TH day of December, 1999.



*Bill Jones*  
BILL JONES  
Secretary of State