

Division of Corporations

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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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.

(((H14000004342 3)))



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Doing so will generate another cover sheet.

RE-SUBMIT

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please retain original filing
date of submission 1/7/14

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

Email Address: _____

RECEIVED

14 JAN 13 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION

Georgia Arms LP

Certificate of Status	0
Certified Copy	0
Page Count	046
Estimated Charge	\$52.50

TALLAHASSEE, FLORIDA

2014 JAN -7 PM 12:35

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

JAN 14 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Georgia Arms, L.P.
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Alan Joseph
Contact Person

Law Offices of Alan Joseph
Firm/Company

7701 East Kellogg, Suite 895
Address

Wichita, Kansas 67207
City, State and Zip Code

alan.joseph@prodigy.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan Joseph at (316) 651-5757
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☒ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

TALLAHASSEE, FL 32314

2014 JAN -7 PM 12:36

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:
Georgia Arms, L.P.

2. The jurisdiction of its formation is: Kansas

A12831

3. The date the entity was authorized to transact business in Florida is: 07/12/1982

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or LLLP.*

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

AT-GP, LLC

7701 East Kellogg, Suite 250

Wichita, Kansas 67207

m13-6868

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

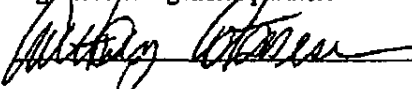
☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Typed or printed name:

Anthony P. Catanese, Manager

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

1/7/14

<https://www.kansas.gov/bess/flow/main.jsessionid=E73E4C7261E9A3154D076DEF10312FFB.apcs03-inst2?execution=e1s9>

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 0754689

Entity Name: GEORGIA ARMS, L.P.

Entity Type: DOMESTIC LIMITED PARTNERSHIP

State of Organization: KS

Resident Agent: KEY MANAGEMENT COMPANY

Registered Office: 7701 E. KELLOGG, SUITE 250, WICHITA, KS 67207

was filed in this office on June 28, 1982, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of January 07, 2014

**KRIS W. KOBACH
SECRETARY OF STATE**

Certificate ID: 596860 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

FILED

2014 JAN -7 PM 12:37

850-617-8381

1/13/2014 12:37:41 PM PAGE 1/001 Fax Server



January 13, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GEORGIA ARMS, L.P.
C/O KEY MANAGEMENT COMPANY
7701 E. KELLOGG, SUITE 250
WICHITA, KS 67207

SUBJECT: GEORGIA ARMS, L.P.
REF: A12831

RE-SUBMIT

Please retain original filing
date of submission 1/7/14

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

FAX Aud. #: H14000004342
Letter Number: 114A00000797

P.O. BOX 6327 - Tallahassee, Florida 32314

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JAN 13 2014
FILING SECTION