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(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooking the Name of)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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D. SCOTT FEB 2 3 2017

MORRIS J. COHEN & CO., P.C.

1601 Market Street, Suite 2525 Philadelphia, PA 19103 (215) 567-8000

www.mjcco.com

FILED FEE 21 PH 4: 21

www.mjeco.com		
		2017 FEB
Type of return	Florida Registration of a Foreign Entity	FEB 21
Prepared for:	D&K Limited Partnership	PH 3:1
Make check payable to	N/A	Ø → –
Amount due	N/A	
Mail return and payment (if applicable) to:	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Attn: Dionne M Scott	
Return must be filed on or Before	Upon Receipt	
Additional instructions	Please sign the attached application and mail it certified mail to the address listed above which should also match the cover letter included with the package.	
		<u> </u>

COVER LETTER

TO:

Registration Section

Division of Corporations

SUBJECT: D&K LIMITED PARTNERSHIP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

JEANNINE STONE

Contact Person

MORRIS J. COHEN & CO

Firm/Company

1601 MARKET ST, SUITE 2525

Address

PHILADELPHIA, PA 19103

City, State and Zip Code

JSTONE@MJCCO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEANNINE STONE

Name of Contact Person

Enclosed is a check for the following amount:

X\$1,000.00 Filing Fees

(\$965 Filing Fee and

\$35 Registered Agent Fec)

and Certificate of Status

☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees

and Certified Copy

□\$1,061.25 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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

, D&K LIMITED PARTNERSHIP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) 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. If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix. _{3.}01/14/1994 ₂ DELAWARE Date of Formation State or Country of Formation 4. Federal Employer Identification Number: 13-3749839 5. Name of Registered Agent for Service of Process and Florida Street Address: Vest Broadview Rd. 6. 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. Signature of Registered Agent 8. Mailing Address: 7. Principal Office: 10031 WEST BROADVIEW RD SAME AS PRINCIPAL OFFICE BAY HARBOR ISLANDS, FL 33154 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Name of General Partner: D&K GP, LLC Name of General Partner:

Name of General Partner:

Name of General Partner:

D&K GP, LLC

Name of General Partner:

Street Address:

BAY HARBOR ISLANDS, FL 33154

Mailing Address:

Name of General Partner:

Name of General Partner:

Name of General Partner:

Street Address:

Mailing Address:

Street Address:

Mailing Address:

Mailing Address:

Mailing Address:

Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:
re than 90 days prior to the delivery of this application to the ial having custody of the entity's records in the jurisdiction under

Page 1 of 2

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional): \$8.75

Page 2 of 2

FILED # 21

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "D & K LIMITED PARTNERSHIP" 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 FIRST DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "D & K LIMITED PARTNERSHIP" WAS FORMED ON THE FOURTEENTH DAY OF JANUARY, A.D. 1994.

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





Authentication: 201969203

Date: 02-01-17