

A020000000702

Division of Corporations
P.O. box 6327
Tallahassee, FL 32314

11 March 2002

Dear Sir or Madam,

8/17 A02-702 LLP Qual
This is a cover letter for the formation of a **limited liability limited partnership (LLLP)**. We wish to register the name **KGR HOLDINGS, LLP** and the partners include **Joshua Kronman and Daniel Graff-Radford**.

The business address and address of our registered contact, **Joshua Kronman**, is **1212 South Riverside Dr., Indialantic Beach, FL 32903**. The phone number is **(404) 964-8023**. We have designated the future registered agent as **Joshua Kronman**.

We have included the following forms:

Certificate of Limited Partnership

Affidavit of Capital Contributions for Florida Limited Partnership

MJH

Statement for Qualification for Florida Limited Liability Limited Partnership

We have included the following checks:

\$52.50 for Filing Fee

400005575084--4
-03/14/02--01046--001
*****25.00 *****25.00

\$35 for the designation of a Registered agent

\$25 for the filing of the Limited Liability Limited Partnership

Sincerely,

Joshua Kronman

Joshua Kronman
KGR Registered Agent
1212 South Riverside Dr.
Indialantic Beach, FL 32903
(404) 964-8023

FILED
02 MAY 17 PM 2:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:

KGR HOLDINGS

Insert limited partnership's Florida document number: _____

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP
(LLP, L.L.P.)

3. The street address of its chief executive office: _____
(if different from current recorded address): _____

4. The street address of principal office in Florida: _____
(if different from above) _____

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:
☒ as of the date this document is filed with the Florida Secretary of State
or
☐ a date later than the time of filing: _____

7. The name and Florida street address of the partnership's agent for service of process: Joshua Kronman
1212 South Riverside Drive
Indianapolis, Florida 32903

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 11 day of MARCH, 2002.

Signature of TWO Partners:

D. Graff-Radford
Joshua Kronman

Typed or printed names of partners signing above: DANIEL GRAFF-RADFORD
JOSHUA KRONMAN

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FILED
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75