

**A02000000702**

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

11 March 2002

Dear Sir or Madam,

*S/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:

400005575024--4  
-03/14/02--01046--001  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

**\$52.50 for Filing Fee**

**\$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.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  
121a South Riverside Drive  
Indian Lake, 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAY 17 PM 2:40

FILED

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75