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Charter Number Only

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23 IN 25

STATE
ALABAMA, FLORIDA

VALIDATION ONLY

7/22/02

Jacobowitz & Ostroff, P.A.

Requestor's Name

11900 Biscayne Blvd. #700

Address

miami, fl 33181

City

State

ZIP

Phone

(305) 895-3404A

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***1337.00 ***1337.00

CORPORATION(S) NAME

KV Partnership. LTD.

BK

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> After 4:30 | <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait |
| <input type="checkbox"/> Mail Out | <input checked="" type="checkbox"/> Pick Up | |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

LP-1337



Empire Toll Free: 1-800-432-3028

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02 JUL 23 AM 9:25

LAW OFFICES
JACOBOWITZ & OSTROFF, P.A.

SUITE 720
11900 BISCAYNE BOULEVARD
MIAMI, FLORIDA 33181

(305) 895-3404
FAX (305) 895-4602

MELVIN J. JACOBOWITZ
BOARD CERTIFIED TAX LAWYER
(ALSO ADMITTED IN NEW YORK)

July 22, 2002

To the State:
Please Note
this check is
for KV Partnership
and not for
BE Partnership
JANET J. OSTROFF
(ALSO ADMITTED IN ARIZONA)
JUL 23 2 25 PM '02
STATE
FLORIDA

VIA COURIER

Attn: Registration
Florida Department of State
Divisions of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: KV PARTNERSHIP, LTD.

Gentlemen:

I enclose the following:

1. Certificate of Limited Partnership;
2. Affidavit of Capital Contributions; and
3. Check No. 3121, payable to "Secretary of State", in the amount of \$1,337.00 covering filing fee (\$1,302) and Registered Agent's fee (\$35).

Please return confirmation of the filed Certificate of Limited Partnership in the stamped, self-addressed envelope enclosed for your convenience. Do not hesitate to contact me directly if additional information is needed to complete this filing. Thank you for your assistance.

Sincerely,

JACOBOWITZ & OSTROFF, P.A.

Deborah Buckridge
Deborah Buckridge
Legal Assistant

Len-J.015
Enclosures

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
KV PARTNERSHIP, LTD.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the Limited Partnership is KV PARTNERSHIP, LTD.
2. The business and mailing address of the Limited Partnership is: 2900 NW 165th Street, Orange Lake, Florida 32681.
3. The name and address of the registered agent of the Limited Partnership is: Melvin J. Jacobowitz, 11900 Biscayne Boulevard, Suite 720, Miami, Florida 33181.
5. The latest date upon which the Limited Partnership is to be dissolved is July 8, 2050.
6. The name and business address of the general partner is: KV, LLC, 2900 NW 165th Street, Orange Lake, Florida 32681.

L02000017036

Dated: July 21, 2002.

KV, LLC, General Partner

By: _____

Janet Verville, President

I hereby accept the designation as Registered Agent for Service of Process for KV PARTNERSHIP, LTD.

MELVIN J. JACOBOWITZ, Registered Agent

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, constituting the sole general partner of KV PARTNERSHIP, LLC, a Florida Limited Partnership, certifies:

The amount of capital contributions to date of the limited partners is \$186,000.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$186,000.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true.

Dated: July 21, 2002.

KV, LLC, General Partner

By:

Janet Verville
Janet Verville, President

STATE OF FLORIDA)
)SS:
COUNTY OF MARION)

SWORN TO AND SUBSCRIBED before me this 21 day of July, 2002, by JANET VERVILLE, in her capacity as President of KV, LLC, a Florida Limited Liability Company, who is either (check one): ☒ personally known to me, or ☐ is not personally known to me and produced _____ as identification, and who executed the foregoing Affidavit.

NAME:

NOTARY PUBLIC, State of Florida

COMMISSION NO:

COMMISSION EXPIRES:

