

AU6000000626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

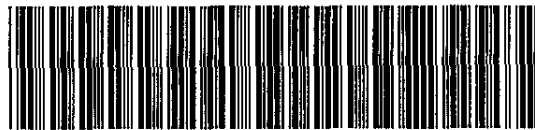
(Document Number)

Certified Copies _____

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RECEIVED
06 MAY -9 PM 9:55
TALLAHASSEE, FLORIDA

FILED
2006 MAY -9 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sinstate Research

Requester's Name

Address

City/State/Zip

Phone #

686-5454

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Kroll Family L.L.P.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☒ Foreign
☒ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

FILED
2006 MAY -9 PM 1:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

FILED
2006 MAY -9 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. KROLL FAMILY L.L.L.P.

(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.

2. 3971 N.W. 101 Drive

(Street address of initial designated office)

Coral Springs, FL 33065

3. Lynne F. Kroll

(Name of Registered Agent for Service of Process)

4. 3971 N.W. 101 Drive

(Florida street address for Registered Agent)

Coral Springs, FL 33065

5. *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.*

See page 2

Signature of Registered Agent

6. 3971 N.W. 101 Drive

(Mailing address of initial designated office)

Coral Springs, FL 33065

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

8. Name and business address of each general partner:

Name:

Business Address:

JLK Family LLC

3971 N.W. 101 Drive

L06000047220

Coral Springs, FL 33065

9. Effective date, if other than the date of filing: _____.

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this _____ day of _____, 2006.

Signature of each general partner:

Lynne F. Krael as manager of JLK Family LLC
and Registered Agent

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75