

A06000000800

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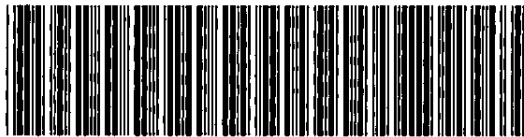
(Business Entity Name)

(Document Number)

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06 JUN 21 PM 12:56
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2006 JUN 21 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 193029 4319764

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 0052.50

FILED
2006 JUN 21 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : June 20, 2006

ORDER TIME : 12:09 PM

ORDER NO. : 193029-005

CUSTOMER NO: 4319764

DOMESTIC FILING

NAME: JAI KUDO USA, LLLP

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: _____

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

FILED
2006 JUN 21 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Jai Kudo USA, LLLP

(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. 5430 Sealine Blvd

(Street address of initial designated office)

Greenacres, Florida 33463

3. Marjorie E. Wolasky

(Name of Registered Agent for Service of Process)

4. 9400 S. Dadeland Blvd Suite 300

(Florida street address for Registered Agent)

Miami, Florida 33156-2832

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.*



Signature of Registered Agent

6. 5430 Sealine Blvd

(Mailing address of initial designated office)

Greenacres, Florida 33463

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:

Jai Kudo Holdings, Inc.

5430 Sealine Blvd

Greenacres, FL 33463

POB 000083 449

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 20TH day of June, 2006

Signature of each general partner: _____

Jai Kudo Holdings, Inc.

By: _____

Raymond Crofton, President

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75