

A00000001057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

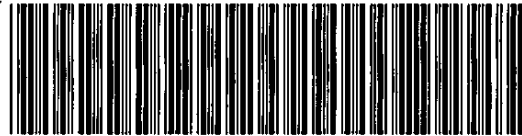
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DIVISION OF CORPORATIONS
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mailed 8/28/06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kazma Investments LLLP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Robert L. Spallina, Esq.

(Contact Person)

Tescher Gutter Chaves et. al.

(Firm/Company)

2101 Corporate Blvd., Suite 107

(Address)

Boca Raton, FL 33431

(City, State and Zip Code)

For further information concerning this matter, please call:

Robert L. Spallina at (561) 998-7847

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| ☐ \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | ☒ \$1,008.75 Filing Fees
and Certificate of
Status | ☐ \$1,052.50 Filing Fees
and Certified Copy | ☐ \$1,061.25 Filing Fees,
Certified Copy, and
Certificate of Status |
|---|--|---|--|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

1. Kazma Investments 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. 12410 NW 39th Street

(Street address of initial designated office)

Coral Springs, FL 33065

3. M & W Agents, Inc.

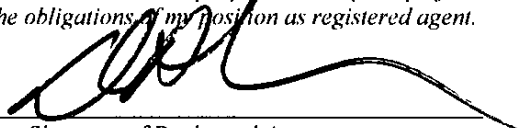
(Name of Registered Agent for Service of Process)

4. 2101 Corporate Blvd., Suite 107

(Florida street address for Registered Agent)

Boca Raton, FL 33431

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. 12410 NW 39th Street

(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:

Kazma Holdings, LLC

12410 NW 39th Street

LLC 68045

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 12 day of August, 2006.

Signature of each general partner:

Kazma Holdings, LLC

By: Michael Kazma, Manager

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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