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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

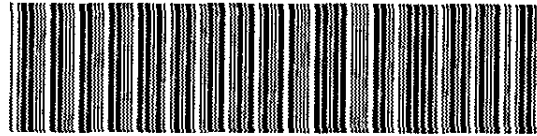
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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J. BRYAN NOV - 6 2006

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RKL Family Partnership, Ltd. ~~1000000~~  
(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:

Jack R. Loving  
(Contact Person)

Jack R. Loving PA  
(Firm/Company)

1323 S.E. 3rd Ave  
(Address)

Fort Lauderdale, Fl. 33316  
(City, State and Zip Code)

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For further information concerning this matter, please call:

Jack R. Loving at (954) 764-1005  
(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. RKL Family Partnership, Ltd.

(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. 10340 N.W. 53<sup>rd</sup> Street  
(Street address of initial designated office)

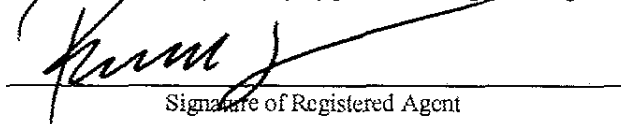
SUNRISE, FL. 33351

3. Russell M. Thompson  
(Name of Registered Agent for Service of Process)

4. 10340 N.W. 53<sup>rd</sup> Street  
(Florida street address for Registered Agent)

SUNRISE, FL. 33351

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. 10340 N.W. 53<sup>rd</sup> Street  
(Mailing address of initial designated office)

SUNRISE, FL. 33351

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

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8. Name and business address of each general partner:

Name:

Business Address:

RKL, LLC  
#LD6000104652

10340 N.W. 53rd Street  
SUNRISE, FL 33351

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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 2 day of November, 2006

Signature of each general partner:

RKL, LLC  
[Signature]  
By Russell M. Thompson  
Member

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75