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(Address)

(City/State/Zip/Phone #)

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(Document Number)

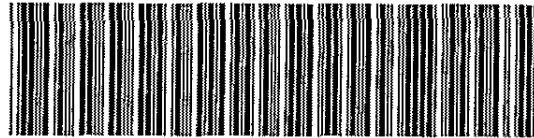
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JAN 22 PM 2:25

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DKOK Limited Partnership  
(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:

Barbara P. Schwartz

(Contact Person)

Arnold S. Goldstein & Associates

(Firm/Company)

2500 N. Military Trail # 260

(Address)

Boca Raton, FL 33431

(City, State and Zip Code)

For further information concerning this matter, please call:

Barbara P. Schwartz

(Name of Contact Person)

at ( 561- ) 953-1050

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

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

**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

CR2E030 (01/06)

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

1. DKGK Limited Partnership

(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. 8283 Pine Cay Road  
(Street address of initial designated office)

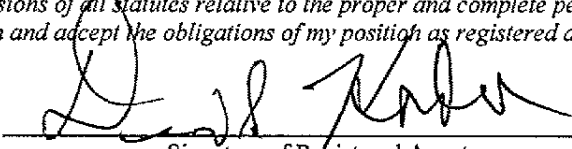
Wellington, FL 33414

3. David S. Korduba  
(Name of Registered Agent for Service of Process)

4. 8283 Pine Cay Road  
(Florida street address for Registered Agent)

Wellington, FL 33414

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. 8283 Pine Cay Road  
(Mailing address of initial designated office)

Wellington, FL 33414

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:

David S. Korduba

8283 Pine Cay Road

Wellington, FL 33414

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 18<sup>th</sup> day of January, 2007.

Signature of each general partner:

David Korduba

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**