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Division of Corporations

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From:

Account Name

GUTTENMACHER, BOHATCH & BARINAGA-BURCH, P.A.

I19990000159 Account Number :

Phone

(305) 666-1040

Fax Number

: (305)666-1020

FLORIDA/FOREIGN LP/LLP

AMCKO, L.P.

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March 20, 2007

FLORIDA DEPARTMENT OF STATE

CUTTENMACHER, BOHATCH & BARINAGA-BURCH, P. K.

SUBJECT: AMCKO, L.P. REF: W07000013589

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability limited partnership must contain an acceptable suffix. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, L.L.P., or LLLP.

If the limited partnership wishes to be a limited liability limited partnership, the document must contain a statement to that effect. Please amend your document accordingly.

Your document currently states the limited partnership elects to be a limited liability partnership. It must state that the limited partnership elects to be a limited liability limited partnership.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock Senior Section Administrator FAX Aud. #: H07000071480 Letter Number: 507A00019161

GUTTENMACHER, BOHATCH & BARINAGA-BURCH, P.A. 7301 S.W. 57th COURT Suite 560

South Miami, Florida 33143 (305) 666-1040 * Fax (305) 666-1020

FACSIMILE COVER SHEET

To:	Ms. Brenda Tadlock, Senior Section Administrator, Florida Department of State, Division of Corporations, Tallahassee, Florida			John S. Bohatch, Esquire			
Fax#:	1-(850)-245	-6030	Pages:	(4) Inc	cluding cover page		
Date:	March 2 1, 2007		CC:	CC:			
Re:	AMCKO, I	L.L.P.					
Urge	nt	For Review	Please		Please Call Upon Receipt South Miami		
Original Document:		Will not be sent	Will be	e sent	Key West		

FOLLOWING PLEASE FIND THE CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP.

MECEIVED

7 MAR 22 AM 11: 18
SECRETARY OF STATE
ALLAHASSEE HORIDA

Thank you, Wagger

IMPORTANT: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are, by this, on notice that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via the United State Postal Service.

IRS Circular 230 Disclosure: Please note that the views expressed herein or in any attachments hereto are not intended to constitute a "reliance opinion" under applicable Treasury Regulations, and accordingly are not intended or written to be used, and may not be used or relied upon, for the purpose of (i) avoiding tax-related penalties that may be imposed by the Internal Revenue Service, or (ii) promoting, marketing or recommending to another party any tax-related matters addressed herein.

GUTTENMACHER, BOHATCH & BARINAGA-BURCH, P.A.

ATTORNEYS AT LAW

SAIDY M. BARINAGA-BURCH* JOHN S. BOHATCH EDWARD P. GUTTENMACHER TIMOTHY L. SMITH**

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PROBATE, ESTATE PLANNING,
BUSINESS PLANNING & TAXATION

*LLM_ESTATE PLANNING **LLM. TAXATION 730: SOUTHWEST S7TH COURT SUITE 560 SOUTH MIAMI, FLORIDA 33143

TELEPHONE (308) 886-1040 TELEFAX (309) 668-1020 E-MAIL LAW@GETAXLAW.com

March 22, 2007

KEY WEST OFFICE
GULFVIEW POINTE
2647 GULFVIEW DRIVE
KEY WEST. FLORIDA 33040

TELEPHONE (305) 294-1521 TELEFAX (305) 292-4016

> PLEASE REPLY TO: SOUTH MIAMI

VIA FACSIMILE ONLY: 1-(850)-245-6030

Ms. Brenda Tadlock Senior Section Administrator Florida Department of State Division of Corporations Tallahassee, Florida

RE: AMCKO, L.L.L.P.

Dear Ms. Tadlock:

Enclosed please find your correspondence along with the new Certificate of Limited Liability Limited Partnership to be recorded and formed. I used the same Audit Number.

Thank you very much for your assistance in this matter. If you have any further questions or concerns, please do not hesitate to contact me.

Sincerely,

GUTTENMACHER, BOHATCH &

BARINAGA-BURCH, P.A.

JOHN'S BUHATCH, ESQUIRE

JSB/mc

Enclosures

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

	•	•	ſ					
1.	Acceptable Limited Part	o or Limited Liability Lianted Permership, which most mentip aufficor. Lianted Permership, Livited, L.P., L Parasessip suffices: Limited Liability Lianted Permer	P or Ltd.					
2.	4401 Collins Avenue, Miami Beach	2. Florida 33140 address of mittal designated office)						
3.	JOHN S. BOHATCH, ESOURE (Name of F	Registered Agent for Service of Process)		· .				
4,	7301 S.W. 57th Court, Suite 560 (Florida Stee). South Miami, Florida 33143 a address for Regimered Agent)		· <u> </u>				
5 .	statutes relative to the proper and complete perform registered agent.	and agree to act in this capacity. I further agree to a capacity my duries, and I don funditur with and accept to the state of Registered Agent)	omply with the provision to obligations of my pe	rs of all strion as				
6,	4401 Collins Avenue, Miani Beach	1. Florida 33140 a address of initial designated office)	<u> </u>	,				
7.	If the limited partnership elects to be a limited liability limited partnership, check box							
8.	Name and business address of each	and business address of each general partner.						
	Name: OLINDO IACOBELLI	Business Address: 4401 Collins Avenue Miami Beach, Florida 33140 Effective Date	07 MAR 22 PH 12: 36	SECRETARY OF STATE				
9.	(Effective date earnest be prior to per more than 90 di	ays after the date the document is filed by the Florida D		ATIONS				
	Signed this 22nd day of March,	2007.						
	Signature of each general partner:			,				

OLINDO IACOBELLI, General Partner

' Ming Fees;

\$1,000.00 (\$965 Filling Fee and \$35 Registered Agent Fee) \$52.50

Certified Copy (optional):

Certificate of Status (optional): \$8.75

Andit Rusber: H0700