

AU 8000000037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

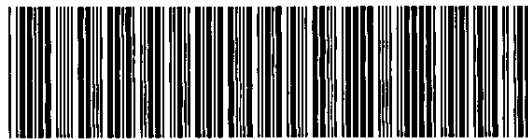
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/10/08--01024--019 **1061.25

RECEIVED
08 JAN 10 PM 2:01
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

JAN 10 2008

EXAMINER

FILED
08 JAN 10 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 01-10-2008

REF. #: 000150.79937

CORP. NAME: KOSOW HOLDINGS, LLLP

FILED
08 JAN 10 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# _____ FOR \$ 1,061.25

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP
OF
KOSOW HOLDINGS, LLLP**

FILED
08 JAN 10 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability limited partnership is: KOSOW HOLDINGS, LLLP.
2. The street and mailing address of the initial designated office of the limited partnership is: 3601 Matheson Avenue, Miami, Florida 33133.
3. The name and address of the agent for service of process required to be maintained by Section 620.1114 of Florida Statutes is: ELEANOR C. KOSOW, 11505 Collins Avenue, Tower 1, Bal Harbour, Florida 33154.

The undersigned hereby accepts appointment as the initial registered agent of KOSOW HOLDINGS, LLLP, as required by Section 620.1201(1)(b) of Florida Statutes.


Eleanor C. Kosow

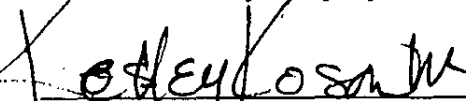
4. The name and business address of the sole general partner is: KOSOW HOLDINGS, LLC, 3601 Matheson Avenue, Miami, Florida 33133.

L 08 000002907

5. The limited partnership elects to be a limited liability limited partnership.

IN WITNESS WHEREOF, the undersigned, being the sole General Partner named above, for the purpose of forming a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (2005), has executed this Certificate of Limited Liability Limited Partnership as of this 7th day of January, 2008.

KOSOW HOLDINGS, LLC,
a Florida limited liability company

By: 
Kelley K. Werner, Manager

WRITTEN CONSENT GRANTING APPROVAL FOR USE OF NAME

KOSOW HOLDINGS, LLC, a Florida limited liability company (the "Company"), formed January 7, 2008, hereby does grant permission and approves the filing of the Certificate of Limited Liability Limited Partnership for the following limited partnership:

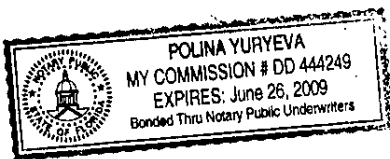
KOSOW HOLDINGS, LLLP
a Florida limited liability limited partnership


The undersigned, being the Manager of the Company, has executed this Written Consent Granting Approval for Use of Name as of the 7th day of January, 2008.


Kelley K. Werner, Manager

STATE OF FLORIDA)
) ss.:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 26 day of December, 2007 by KELLE Y K. WERNER, who ☒ is personally known to me or ☐ has produced _____ as identification.




Notary Public, State of
Print Name: Polina Yuryeva
My Commission Expires: