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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

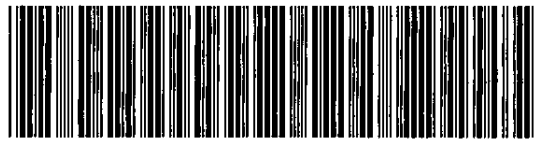
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. ~~Outlines~~ JAN 31 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EKM LP
(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 J. Mizell, Trustee of the Virginia
(Contact Person)
Kelly Irrevocable Gift Trust, General Partner
(Firm/Company)
415 Mountain Drive, Suite 4
(Address)
Destin, Florida 32541
(City, State and Zip Code)

For further information concerning this matter, please call:

Barbara J. Mizell at (850) 393-3705
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2008

BARBARA J. MIZELL
415 MOUNTAIN DRIVE
SUITE 4
DESTIN, FL 32541

SUBJECT: EKM LP
Ref. Number: W08000002635

We have received your document for EKM LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 108A00003462

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

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

1. PEKM LP

(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. 415 Mountain Drive, Suite 4
(Street address of initial designated office)
Destin, Florida 32541

3. Barbara J. Mizell
(Name of Registered Agent for Service of Process)

4. 415 Mountain Drive, Suite 4
(Florida street address for Registered Agent)
Destin, Florida 32541

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. 415 Mountain Drive, Suite 4
(Mailing address of initial designated office)
Destin, Florida 32541

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:

Barbara J. Mizell, Trustee of the 415 Mountain Drive, Suite 4
Destin, Florida 32541

Virginia Kelly Irrevocable Gift Trust

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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 9th day of January, 2008.

Signature of each general partner:

Barbara J. Mizell

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75