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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



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08 JAN 31 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LBK 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

CR2E030 (01/06)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2008

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

SUBJECT: LBK LP  
Ref. Number: W08000002637

We have received your document for LBK 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: 008A00003463

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

**FILED**

**08 JAN 31 PM 2:38**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

1. PLBK 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

08 JAN 31 PM 2:39  
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 9<sup>th</sup> day of January, 2008.

Signature of each general partner:

Barbara J. Mizell

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**