

A080000000466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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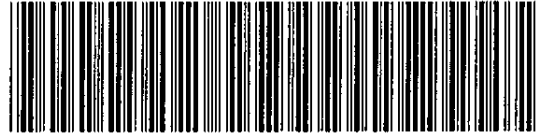
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 APR 24 AM 10:59

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

APR 24 2008

EXAMINER

FILED

08 APR 24 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 540575 4323958

AUTHORIZATION :

[Handwritten Signature]

COST LIMIT : \$ 1000.00

FILED
08 APR 24 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 23, 2008

ORDER TIME : 10:03 AM

ORDER NO. : 540575-020

CUSTOMER NO: 4323958

DOMESTIC FILING

NAME: DKURL ENTERPRISES LIMITED
PARTNERSHIP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper - EXT. 2948

EXAMINER'S INITIALS: _____

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

FILED
08 APR 24 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DKURL ENTERPRISES LIMITED PARTNERSHIP

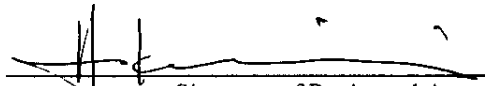
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P.
or LLLP.*

2. 5449 Ascott Bend, Boca Raton, Florida 33496
(Street address of initial designated office)

3. Henry Kurlansik
(Name of Registered Agent for Service of Process)

4. 5449 Ascott Bend, Boca Raton, Florida 33496
(Florida street address for Registered Agent)

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. 5449 Ascott Bend, Boca Raton, Florida 33496
(Mailing address of initial designated office)

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:

DKURL VENTURES GP, INC.

5449 Ascott Bend

Boca Raton, FL 33496

P08000041419

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 27 day of March, 2008.

Signature of each general partner:

DKURL VENTURES GP, INC.

By: 

Henry Kurlansik, President

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75