

A09 0000000014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

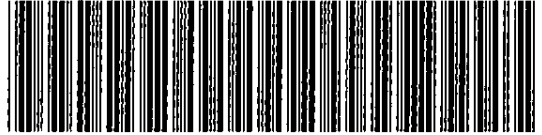
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JAN - 7 2009

EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATION
09 JAN -5 PM 2:39

Port?

609-298

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kingdom Legacy Fund 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:

Connie Northrop

(Contact Person)

Kingdom Legacy General Partner, LLC

(Firm/Company)

13700 Six Mile Cypress Parkway, Suite 2

(Address)

Ft. Myers, FL 33912

(City, State and Zip Code)

For further information concerning this matter, please call:

Mark Northrop

(Name of Contact Person)

at (239) 790-5020

(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)

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

1. Kingdom Legacy Fund 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. 13700 Six Mile Cypress Parkway, Suite 2

(Street address of initial designated office)

Ft. Myers, FL 33912

3. Connie Northrop

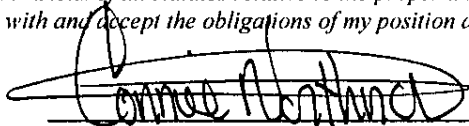
(Name of Registered Agent for Service of Process)

4. 13700 Six Mile Cypress Parkway, Suite 2

(Florida street address for Registered Agent)

Ft. Myers, FL 33912

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. 13700 Six Mile Cypress Parkway, Suite 2

(Mailing address of initial designated office)

Ft. Myers, FL 33912

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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8. Name and business address of each general partner:

Name:

Business Address:

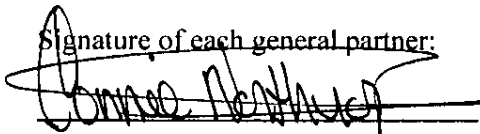
Kingdom Legacy General Partner, LLC 13700 Six Mile Cypress Parkway, Suite 2
Ft. Myers, FL 33912

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 17TH day of DECEMBER, 2008.

Signature of each general partner:



BY: CONNIE NORTROP MANAGING
MEMBER OF THE GENERAL PARTNER

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75