

A090000000036

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000008204 3)))



H090000082043ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

L. SELLERS

JAN 14 2009

EXAMINER

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE
Account Number : 072731001155
Phone : (813) 253-2020
Fax Number : (813) 251-6711

RECEIVED
09 JAN 13 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP

KHK Family Limited Partnership

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

* 2 of 2
file second

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN 13 AM 8:47

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H09000008204 3

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

1. KHK Family 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.L.P.
or L.LLP.

2. 949 Bay Esplanade

(Street address of initial designated office)

Clearwater, Florida 33767

3. Keith H. Kuhlman

(Name of Registered Agent for Service of Process)

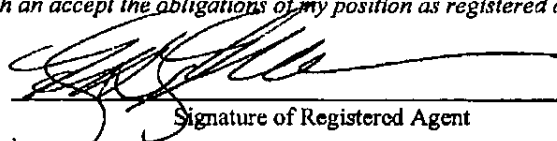
4. 949 Bay Esplanade

(Florida street address for Registered Agent)

Clearwater, Florida 33767

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

x



Signature of Registered Agent

6. 949 Bay Esplanade

(Mailing address of initial designated office)

Clearwater, Florida 33767

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

Page 1 of 2

H09000008204 3

FILED
09 JAN 13 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
#399803

H09000008204 3

8. Name and business address of each general partner:

Name:Business Address:Equinox Management, LLC949 Bay EsplanadeClearwater, Florida 33767

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 13th day of January, 2009.

Signature of each general partner:

EQUINOX MANAGEMENT, LLCBy: Marsha M. Kuhlman

Marsha M. Kuhlman, Manager

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

Page 2 of 2

H09000008204 3

FILED
09 JAN 13 AM 8:47
TALLAHASSEE FLORIDA
#399803