

AD90000000164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

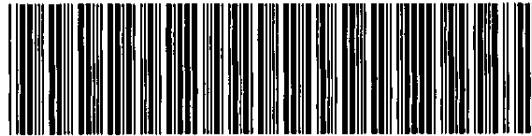
**L. SELLERS**

MAR 11 2009

**EXAMINER**

*[Handwritten signature]*

Office Use Only



000143850900

02/25/09--01022--017 \*\*1000.00

**FILED**  
09 MAR 10 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAR. 6. 2009 8:40AM

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Xania Kphth Management, Family 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:

Domenic H. Calicchia  
(Contact Person)

Professional Accounting Services, Inc.  
(Firm/Company)

1520 Bottlebrush Drive NE, Suite 2M  
(Address)

Palm Bay, FL 3905  
(City, State and Zip Code)

For further information concerning this matter, please call:

Domenic Calicchia at (321) 951-8878  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status
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**STREET ADDRESS: MAILING ADDRESS:**

Registration Section Registration Section  
Division of Corporations Division of Corporations  
Clifton Building P. O. Box 6327  
2661 Executive Center Circle Tallahassee, FL 32314  
Tallahassee, FL 32301  
CR2E030 (01/06)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2009

DOMENIC H. CALIFFHIA  
PROFESSIONAL ACCOUNTING SERVICES, INC.  
1520 BOTTLEBRUSH DRIVE NE, STE 2M  
PALM BAY, FL 33905

SUBJECT: XANIA KPHTH MANAGEMENT, FLP  
Ref. Number: W09000009313

We have received your document for XANIA KPHTH MANAGEMENT, FLP 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 name of your limited partnership must contain an acceptable suffix. Acceptable limited partnership suffixes include: Limited Partnership, Limited, L.P., Ltd., or LP.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 909A00006826

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

1. Xania Kpith Management, Family 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. 1850 Charlesmont Drive, Suite 128

(Street address of initial designated office)

Indialantic, FL 32903

3. Pantelis Markogiannakis

(Name of Registered Agent for Service of Process)

4. 1850 Charlesmont Drive, Suite 128

(Florida street address for Registered Agent)

Indialantic, FL 32903

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. 1850 Charlesmont Drive, Suite 128

(Mailing address of initial designated office)

Indialantic, FL 32903

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

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09 MAR 10 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAR. 6. 2009 8:41AM

8. Name and business address of each general partner:

Name:

Business Address:

Pantelis Markogiannakis

1850 Charlesmont Drive, Suite 128

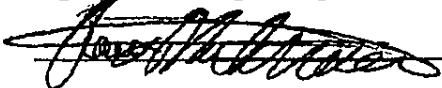
Indialantic, FL 32903

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 18th day of FEBRUARY, 2009

Signature of each general partner:

  
\_\_\_\_\_  
\_\_\_\_\_

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**

09 MAR 10 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED