

6010-21601

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KYRIAKIDES INVESTMENTS LTD
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:

MITCHELL PERLSTEIN
Contact Person

MITCHELL L. PERLSTEIN, P.A.
Firm/Company

4400 N FEDERAL HWY SUITE 210
Address

BOCA RATON FL 33431
City, State and Zip Code

mperlstein@perlste.in
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchell L. Perlstein at (561) 368.0831
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

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

1. KYRIAKIDES INVESTMENTS LTD

(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. 911 13th Ave S
(Street address of initial designated office)

Hollywood FL 33019

3. Mitchell L. Perlstein
(Name of Registered Agent for Service of Process)

4. 4400 N Federal Hwy Suite 210
(Florida street address for Registered Agent)

Boca Raton FL 33431

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. 911 13th Ave S
(Mailing address of initial designated office)

Hollywood FL 33019

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 10 AM 9:00

8. Name and business address of each general partner:

Name:

Business Address:

Anastasios Kyriakides

911 13th Ave S

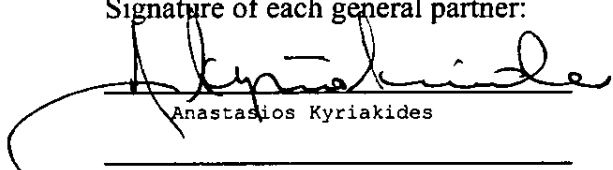
Hollywood FL 33019

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 22 day of April, 2010.

Signature of each general partner:



Anastasios Kyriakides

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75