

AI 00000000607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

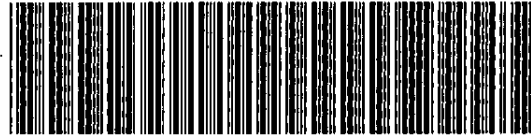
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/06/10--01015--005 **1000.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 OCT -6 AM 10: 58

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KUMAR FAMILY PARTNERSHIP, 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:

MARIE ANTONIETTI
Contact Person

THORNTON, TORRENCE & BARNETT, P.A.
Firm/Company

6709 RIDGE ROAD, SUITE 106
Address

PORT RICHEY, FL 34668
City, State and Zip Code

marie.a.@THORNTONTORRENCE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIE ANTONIETTI at (727) 845-6224
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

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DIVISION OF CORPORATION

10 OCT -6 AM 10: 58

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

1. KUMAR FAMILY PARTNERSHIP, 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. 5626 GULF DRIVE

(Street address of initial designated office)

NEW PORT RICHEY, FL 34652

3. ALKA KUMAR

(Name of Registered Agent for Service of Process)

4. 5626 GULF DRIVE

(Florida street address for Registered Agent)

NEW PORT RICHEY, FL 34652

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. 5626 GULF DRIVE

(Mailing address of initial designated office)

NEW PORT RICHEY, FL 34652

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:

AK MANAGERS, LLC
LI-61737

5626 GULF DRIVE
NEW PORT RICHEY, FL 34652

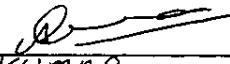
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9. Effective date, if other than the date of filing: _____

(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 1ST day of OCTOBER, 2010.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X 
ALKA KUMAR

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75