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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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

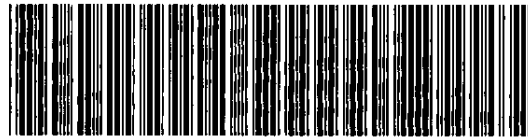
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**A. LUNT**

DEC 21 2010

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# IVAN, COLE, BONNETTE & KANE

ATTORNEYS AT LAW

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December 17, 2010

## VIA FEDERAL EXPRESS

Registration Section  
Division of Corporations  
Clifton Building  
2662 Executive Center Circle  
Tallahassee, Florida 32301

FILED  
2010 DEC 20 PM 2:24  
TALLAHASSEE, FLORIDA

**Re: KADUM and Family, LLLP**

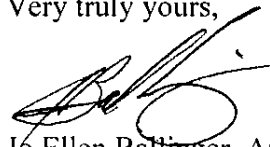
Dear Sir or Madam:

I enclose for filing a Certificate of Limited Partnership and our firm's check in the amount of \$1,000 for the above-referenced limited liability limited partnership.

Please return all correspondence concerning this matter to Michael J. Ivan, Jr., Esq., at the address shown above. For further information concerning this matter, please call Mr. Ivan, or me if Mr. Ivan is not available, at (904) 358-3006.

Thank you.

Very truly yours,



Jo Ellen Ballinger, ACP, FRP  
Advanced Certified Paralegal  
Florida Registered Paralegal

Enclosures

cc: Michael J. Ivan, Jr., Esq.

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

1. KADUM and Family, LLLP

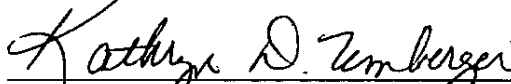
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*  
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.*

2. 6724 Epping Forest Way North, Jacksonville, FL 32217  
(Street address of initial designated office)

3. Kathryn D. Umberger  
(Name of Registered Agent for Service of Process)

4. 6724 Epping Forest Way North, Jacksonville, FL 32217  
(Florida street address for Registered Agent)

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. 6724 Epping Forest Way North, Jacksonville, FL 32217  
(Mailing address of initial designated office)

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:

KADUM, Inc.

6724 Epping Forest Way North

Jacksonville, FL 32217

PI- 101619

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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 17<sup>th</sup> day of December, 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.

KADUM, INC.

By: Kathryn D. Umberger

Kathryn D. Umberger, President

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**