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# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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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

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

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TALLAHASSEE FLORIDA

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11 MAR 24 AM 8:40
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DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LP/LLLP**
**5KPF, Ltd.**

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

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MAR 25 2011

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 24 AM 8:40

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

1. 5KPF, 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. 601 Bayshore Boulevard, Ste. 700
(Street address of initial designated office)
Tampa, Florida 33606

3. David L. Koche
(Name of Registered Agent for Service of Process)

4. 601 Bayshore Boulevard, Ste. 700
(Florida street address for Registered Agent)
Tampa, Florida 33606

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. 601 Bayshore Boulevard, Ste. 700
(Mailing address of initial designated office)
Tampa, Florida 33606

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



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8. Name and business address of each general partner:

| Name: | Business Address: |
|---|---|
| 5KPF General, Inc. | 601 Bayshore Blvd, Ste. 700 |
| P11-28330 | Tampa, Florida 33606 |

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 24th day of March 2011.

Signature of each general partner:

5KPF GENERAL, INC.

By: _____
Darian W. Johnson, President

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



#513863