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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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12 DEC 13 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

12 DEC 13 AM 9:17

FILED

FLORIDA/FOREIGN LP/LLLP
KMP Real Estate and Investments Partnership, Ltd.

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

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Corporate Filing Menu

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B. BOSTICK

DEC 14 2012

EXAMINER

H12000292473

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

1. KMP Real Estate and Investments Partnership, 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. 1810 W. Kennedy Boulevard

(Street address of initial designated office)

Tampa, FL 33606

3. David L. Koche

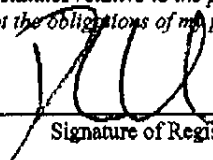
(Name of Registered Agent for Service of Process)

4. 601 Bayshore Boulevard, Ste. 700

(Florida street address for Registered Agent)

Tampa, FL 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.



Signature of Registered Agent

6. 1810 W. Kennedy Boulevard

(Mailing address of initial designated office)

Tampa, FL 33606

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

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12 DEC 13 AM 9:17

CLERK OF DISTRICT COURT
TAMPA, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

KMP Management, LLC

1810 W. Kennedy Boulevard

L12000155922

Tampa, FL 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 12th day of December, 2012

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.

KMP MANAGEMENT, LLC

By: [Signature]
Kenneth M. Pierce, Manager

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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