

Dec. 14. 2012 10:33PM
Division of Corporations

Barnett, Bolt

No. 0616 P. 1 of 1

A12000000888

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000293748 3)))



H120002937483ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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: _____

FLORIDA/FOREIGN LP/LLP
KMP Investment Trust, Ltd.

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

RECEIVED
12 DEC 14 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 DEC 14 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Computer Filing Menu

Help

DEC 17 2012

EXAMINER

H12000293748

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

FILED
12 DEC 14 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. KMP Investment Trust, 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 ☐

H12000293748

8. Name and business address of each general partner:

Name:

Business Address:

KMP Management, LLC

1810 W. Kennedy Boulevard

Tampa, FL 33606

L12000155922

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 13th 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: KMP
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

Page 2 of 2

#638124

H12000293748