

JUL 15 2013 11:37AM

JONES FOSTER JOHNSTON & STUBBS, P.A.

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561) 650-0471
Fax Number : (561) 650-0431

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

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FLORIDA/FOREIGN LP/LLLP
VKT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,052.50

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JUL 16 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VKT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

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:

Brian D. Kennedy, Esq.

Contact Person

Jones, Foster, Johnston & Stubbs, P.A.

Firm/Company

505 S. Flagler Drive, Suite 1100

Address

West Palm Beach, FL 33401

City, State and Zip Code

dpayton@jonesfoster.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dominique A. Payton, ACP at (561) 650-0427

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input checked="" type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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

CR2E030 (01/06)

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

As a Certificate of Limited Partnership pursuant to F.S. § 620.1201, the undersigned certifies:

1. The name of this limited partnership is **VKT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP**.

2. The address of the principal office and the name and address of the agent for service of process are:

Principal Office Address:

1157 South State Road 7
Wellington, FL 33414

Registered Agent's Name and Address:

KRISHNA TRIPURANENI
1157 South State Road 7
Wellington, FL 33414

The name and address of the General Partner is:

K.T. FAMILY, LLC
1157 South State Road 7
Wellington, FL 33414

3. The mailing address for the limited partnership is:

Mailing Address:

1157 South State Road 7
Wellington, FL 33414

4. The limited liability limited partnership does elect to be a limited liability limited partnership.

5. The limited liability limited partnership shall become effective upon the date of filing with the Florida Department of State.

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JONES FOSTER 561 650 0435

NO. 2695 P. 4

WHEREFORE, the undersigned has executed this Certificate as the General Partner of VKT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP as of the date set forth below.

Signed this 14 day of July, 2013.

GENERAL PARTNER

K.T. FAMILY, LLC

By: 

Krishna Tripuraneni, Member

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**CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 620.105, Florida Statutes, the following is submitted in compliance with said Act:

That VKT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP desiring to organize under the laws of the State of Florida, has named KRISHNA TRIPURANENI located at 1157 South State Road 7, Wellington, Florida 33414, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated limited partnership at the place designated in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity, and 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.



KRISHNA TRIPURANENI

7-11-13

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