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.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMMANUEL SHEPPARD & CONDON

Account Number : 072720000035

: (850)433-6581

Phone Fax Number

: (850)434-7163

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

FLORIDA/FOREIGN LP/LLLP Jack Kugelman Limited Partnership

Certificate of Status 1

Certified Copy Page Count 02 Estimated Charge \$1,052.50

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

1. JACK KUGELMAN LIMITED PARTNERSHIP

(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.

- 375 N. 9th Avenue, Pensacola, Florida 32501
 (Street address of initial designated office)
- Gerald L. Brown (Name of Registered Agent for Service of Process)
- 4. 30 S. Spring Street, Pensacola, Florida 32502 (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. 375 N. 9th Avenue, Pensacola, Florida 32501

(Malling Address of initial designated office)

- If limited partnership elects to be a limited liability limited partnership, check box
- 8. Name and business address of each general partner:

JACK KUGELMAN HOLDINGS, INC.

375 N. 9th Avenue Pensacola, Florida 32501

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Effective date, if other than the date of filing:		
(Effective date cannot be prior to nor more than 90 day the Florida Department of State.)	s after the date the document i	s filed by
Signed this 30th day of September		
Signature of EACH General Partner: I/We submit this dinerein are true. I/We am/are aware that any false information Department of State constitutes a third degree felony as	rmation submitted in a docume	ent to the
Jack Kugelman Holdings, Inc.		
By: Hany OK. M. Sweeny	AHASS!	SFP 30
Print Name Nancy K. Majsweeney Its: President		2
		Ω. &

Filing Fees:

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

Certified Copy *(optional):

\$52.50 \$8,75

Certificate of Status Optional):

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