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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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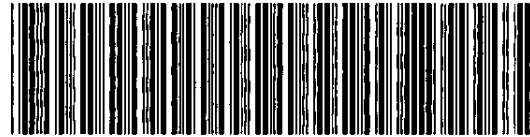
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/31/14--01021--015 **1052.50

Effective Date 11/5/14

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14 OCT 31 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REV - 4 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KRIMBILL ENTERPRISES LP II

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:

Jane Henson

Contact Person

McAfee & Taft A Professional Corporation

Firm/Company

10th Fl, Two Leadership Sq, 211 N. Robinson

Address

Oklahoma City, Oklahoma 73102

City, State and Zip Code

steven.cole@mcafeetaft.com

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

For further information concerning this matter, please call:

Jane Henson

Name of Contact Person

at (405) 552-2362

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☒ \$1,052.50 Filing Fees and Certified Copy ☐ \$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

Effective Date

11/5/14

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

1. Krimbill Enterprises LP II

(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. 216 Rue Caribe, Destin, FL 32550

(Street address of initial designated office)

3. Jane Krimbill

(Name of Registered Agent for Service of Process)

4. 216 Rue Caribe, Destin, FL 32550

(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.*

Jane Krimbill
Signature of Registered Agent

6. 216 Rue Caribe, Destin, FL 32550

(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

Name:

Business Address:

Krimbill Holding Company

216 Rue Caribe, Destin, FL 32550

P07000134985

9. Effective date, if other than the date of filing: November 5, 2014

(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 31st day of October, 2014

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.

H. Michael Krimbill

President, Krimbill Holding Company

General Partner

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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