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Florida Department of State
Division of Administrative Services
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I1999000006
Phone : (407) 425-7010
Fax Number : (407) 425-2747

****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
Kilcullen Project Limited Partnership

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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

1. KILCULLEN PROJECT 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.*

2. 315 E. ROBINSON STREET, SUITE 600

(Street address of initial designated office)

ORLANDO, FLORIDA 32801

3. JOSEPH C.L. WETTACH, ESQUIRE


(Name of Registered Agent for Service of Process)

4. 315 E. ROBINSON STREET, SUITE 600

(Florida street address for Registered Agent)

ORLANDO, FLORIDA 32801

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. 315 E. ROBINSON STREET, SUITE 600

(Mailing address of initial designated office)

ORLANDO, FLORIDA 32801

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:

Kilcullen General Partner, Inc.

315 E. ROBINSON STREET, SUITE 600

ORLANDO, FLORIDA 32801

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 21 day of NOVEMBER

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.

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

Page 2 of 2