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D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pelrimo II, 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:

Michael E. Kohn  
Contact Person

The Kohn Partnership, LLP  
Firm/Company

8251 Maryland Ave, Ste #108  
Address

St. Louis, MO 63105  
City, State and Zip Code

michael@kohn-partnership.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael E. Kohn at (314) 721-8888  
Name of Contact Person 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

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

1. Pelrimo II, 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. 8251 Maryland Ave, Ste #108  
(Street address of initial designated office)

St. Louis, MO 63105

3. Michael E. Kohn  
(Name of Registered Agent for Service of Process)

4. 801 12<sup>th</sup> Avenue South, Suite 300  
(Florida street address for Registered Agent)

Naples, FL 34102

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.

Michael E. Kohn  
Signature of Registered Agent

6. 8251 Maryland Ave, Suite # 108  
(Mailing address of initial designated office)

St. Louis, MO 63105

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

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8. Name and business address of each general partner:

Name:

Business Address:

Pelrimo II, LLC

801 12<sup>th</sup> Avenue South

Suite 300

Naples, FL 34102

LPB000033089

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 3<sup>rd</sup> day of December, 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.

Mickael E. Kol

**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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SECRETARY OF STATE  
DALE ANASSEE-FLORIDA

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