

Mar. 10. 2015 2:24PM

No. 85 P. 1 of 1

# A150000000170

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

REF: W15000016957

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 : SAXON, GILMORE, CARRAWAY, GIBBONS, LASH & WILCOX, P.A.  
Account Number : 120030000134  
Phone : (813) 314-4500  
Fax Number : (813) 314-4555

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

Email Address: bsaxon@saxongilmore.com

FLORIDA/FOREIGN LP/LLP  
KAIN Cares LP

Certificate of Status	1
Certified Copy	1
Page Count	<del>4</del> <del>with cover page</del> <del>03</del>
Estimated Charge	\$1,061.25

6 pgs (with cover page)

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15 MAR 10 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KAIN Cares LP

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:

Bernice S. Saxon, Esq.

Contact Person

SAXON GILMORE & CARRAWAY, P.A.

Firm/Company

201 E. Kennedy Blvd., Suite 600

Address

Tampa, FL 33602

City, State and Zip Code

bsaxon@saxongilmore.com

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

For further information concerning this matter, please call:

Bernice S. Saxon, Esq.

Name of Contact Person

at (813) 314-4501

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

CR2E030 (01/06)

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March 10, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SAXON GILMORE CARRAWAY GIBBONS LASH & WILCOX PA

SUBJECT: KAIN CARES LP  
REF: W15000016957

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. \*

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P15000021703.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: H15000059217  
Letter Number: 815A00004830

\* See accompanying  
Statement in response  
to this Notice.

P.O BOX 6327 - Tallahassee, Florida 32314

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STATEMENT REGARDING  
OWNERSHIP OF KAIN CARES LP

March 10, 2015

BY FACSIMILE TO: 850-617-6383

TO: Registration Section  
Division of Corporations

SUBJECT: KAIN Cares LP  
Fax Audit #: H15000059217  
REF: W15000016957  
Letter Number: 815A00004830

In response to your notice of rejection of our electronically transmitted Certificate of Limited Partnership for the above-referenced limited partnership, we hereby confirm that both KAIN Cares LP and KAIN Cares Inc., which is filed under #P15000021703, are under the same ownership and are related entities.

We respectfully request that the filing of KAIN Cares LP as a Florida limited partnership be accepted by the Florida Department of State, Division of Corporations, and thank you for your help and attention to our request.

Sincerely,

KAIN Cares, Inc.

A handwritten signature in black ink, appearing to read 'Harsch Vardhan Khandelwal'.

Harsch Vardhan Khandelwal,  
President

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

STATE OF FLORIDA  
TALLAHASSEE

15 MAR 10 PM 1:20

FILED

1. KAIN Caras LP

(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. 55 Victoria Street North, Suite J

(Street address of initial designated office)

Kitchener, Ontario CANADA N2H 5B7

3. Bernice S. Saxon, Esq.

(Name of Registered Agent for Service of Process)

4. 201 E. Kennedy Blvd., Suite 600

(Florida street address for Registered Agent)

Tampa, FL 33602

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

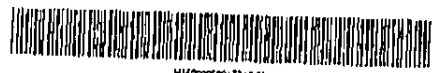
6. 55 Victoria Street North, Suite J

(Mailing address of initial designated office)

Kitchener, Ontario CANADA N2H 5B7

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:

KAIN Cares Inc.

55 Victoria Street North, Suite J

Kitchener, Ontario CANADA N2H 5B7

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 5<sup>th</sup> day of March, 2015.

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.

KAIN Cares Inc.

By: [Signature]

Harsch Vardhan Khandelwal, President

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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