

Florida Department of State
 Division of Corporations
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(((H15000128539 3)))



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FLORIDA/FOREIGN LP/LLLP
KAT Partnership Investments, LP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

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 15 MAY 29 AM 6:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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CERTIFICATE OF LIMITED PARTNERSHIP
KAT PARTNERSHIP INVESTMENTS, LP

In accordance with Florida Statute Section 620.1201, this Certificate of Limited Partnership shall be filed with the Department of State of Florida, setting forth the following:

1. **Name.** The name of this Limited Partnership shall be:

“KAT Partnership Investments, LP”

2. **Registered Agent and Address.** The office and the name of the agent for service of process required to be maintained is as follows:

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

3. **General Partner.** The name and business address of the general partner is:

KAT General Partner Management Company, Inc.
5100 W. Lemon St., Suite 311
Tampa, FL 33609

4. **Street and Mailing Address.** The principal office and mailing address of the Limited Partnership is:

5100 W. Lemon St., Suite 311
Tampa, FL 33609

5. **Effective Date.** The effective date of the Limited Partnership is May 28, 2015.

I submit this Certificate of Limited Partnership and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

Signed this 28th day of May, 2015.

GENERAL PARTNER:

KAT General Partner Management Company, Inc.,
a Florida corporation

By: *Mitchell I. Horowitz*
Name: Mitchell I. Horowitz
Its: Authorized Representative

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CERTIFICATE OF ACCEPTANCE

Having been named as registered agent and to accept service of process for KAT Partnership Investments, LP, at the place designated as the registered office, 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 relating to the proper and complete performance of my duties; and I am familiar with and accept the duties and obligations of my position as registered agent.

Dated this 28th day of May, 2015.

C T Corporation System

By: *Madonna Cuddihy*
Name: _____
Its: Madonna Cuddihy
Special Assistant Secretary

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