

A15000000402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

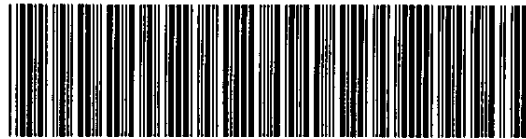
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/13/15--01052--010 **1052.50

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TALLAHASSEE, FLORIDA

JUN 23 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2015

KAORU KIKUCHI
1451 OCEAN DR SUITE 200
MIAMI BEACH, FL 33139

SUBJECT: KIKUCHI WATSON FITZGERALD LLLP
Ref. Number: W15000028539

We have received your document for KIKUCHI WATSON FITZGERALD LLLP and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 015A00008221

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kikuchi Watson Fitzgerald LLLP

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:

Kaoru Kikuchi

Contact Person

Kikuchi Watson Fitzgerald LLLP

Firm/Company

1451 Ocean Drive, Suite 200

Address

Miami Beach, FL 33139

City, State and Zip Code

kaoru@bigfoot.com

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

For further information concerning this matter, please call:

Kaoru Kikuchi

at (305) 900-3184

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input checked="" type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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)

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

1. KIKUCHI WATSON FITZGERALD LLLP

(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. 1451 OCEAN DRIVE, SUITE 200, MIAMI BEACH, FL 33139
(Street address of initial designated office)

3. MICHAEL GLEISSNER
(Name of Registered Agent for Service of Process)

4. 1455 OCEAN DRIVE, SUITE 602, MIAMI BEACH, FL 33139
(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.*



Signature of Registered Agent

6. 1455 OCEAN DRIVE, SUITE 602, MIAMI BEACH, FL 33139
(Mailing address of initial designated office)

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:

MICHAEL GLEISSNER

1451 OCEAN DRIVE, SUITE 200

MIAMI BEACH, FL 33139

KAORU KIKUCHI

1451 OCEAN DRIVE, SUITE 200

MIAMI BEACH, FL 33139

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 15 day of MAY, 2015

Signature of each general partner: I/We submit this document and affirm that the 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: \$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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