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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

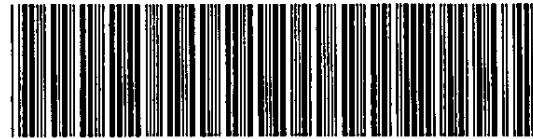
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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SOUTHERN DISTRICT OF CALIFORNIA  
FALL ARREST HONOR

DEC 07 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WINNTOGOKELLY 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:

Jane Henson

Contact Person

McAfee & Taft A Professional Corporation

Firm/Company

211 N. Robinson, 10th Fl., 2 Leadership Square

Address

Oklahoma City, Oklahoma 73102

City, State and Zip Code

jburnscpa@sbcglobal.net

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

For further information concerning this matter, please call:

Jane Henson

Name of Contact Person

at ( 405 )

552-2362

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)

**AUTHORIZATION FOR USE OF A SIMILAR NAME**

Winntogokelly, LLC (Florida Document No. L17000071887)

Name and file number of the entity who holds the existing name on file with the Florida Secretary of State consents to the use of:

Winntogokelly LP

As the name of a filing entity or foreign filing entity in Florida for the purpose of submitting a filing instrument to the Secretary of State.

The undersigned certifies to being authorized by the holder of the existing name to give this consent. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: December 4, 2017

WINNTOGO KELLY, LLC, a Florida Limited  
Liability Company

X Katherine S. Klaine  
Signature of Authorized Person  
Katherine S Klaine  
Name of Authorized Person  
Manager

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TALLAHASSEE, FLORIDA

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

1. WINNTOGOKELLY 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. 157 Dolphin Road, Palm Beach, Florida 33480

(Street address of initial designated office)

3. Cary P. Swindle

(Name of Registered Agent for Service of Process)

4. 1707 Temple Drive, Winter Park, Florida 32789

(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.*

CARY P. SWINDLE

Signature of Registered Agent

6. 157 Dolphin Road, Palm Beach, Florida 33480

(Mailing address of initial designated office)

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

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FLORIDA  
SECRETARY OF STATE

8. Name and business address of each general partner:

Name:

Business Address:

Winntogokelly Corp.

157 Dolphin Road

Palm Beach, Florida 33480

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 1st day of December, 2017.

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.

Winntogokelly Corp.

KATHY S. KLAINÉ, President

**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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TALLAHASSEE FLORIDA

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