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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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17 DEC 11 PM 2:47
TALLAHASSEE, FLORIDA

DEC 11 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KOLETTIS INVESTMENTS, LTD.

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:

P. Todd Kennedy, Esquire

Contact Person

KENNEDY & KENNEDY, P.L.

Firm/Company

14 Southeast 4th Street, Ste 36

Address

Boca Raton, FL 33432

City, State and Zip Code

gkolettis@brog.com

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

For further information concerning this matter, please call:

P. Todd Kennedy

Name of Contact Person

at (561)

683-2484

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$1,000.00 Filing Fees (S965 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

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

1. KOLETTIS INVESTMENTS, LTD.

(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.P.,
or LLLP.

2. 2369 E Maya Palm Drive
(Street address of initial designated office)


Boca Raton, FL 33432

3. P. Todd Kennedy
(Name of Registered Agent for Service of Process)

4. 14 Southeast 4th Street, Suite 36
(Florida street address for Registered Agent)

Boca Raton, FL 33432

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. 2369 E Maya Palm Drive
(Mailing address of initial designated office)

Boca Raton, FL 33432

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

8. Name and business address of each general partner:

Name:

Business Address:

Kolettis Management, LLC

2369 E Maya Palm Drive

Boca Raton, FL 33432

_____	_____
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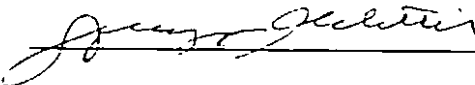
FILED
17 DEC 11 PM 2:47
STATE OF FLORIDA
CLERK OF THE COURT

9. Effective date, if other than the date of filing: January 1, 2018

(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 8 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.



Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75