

A2000000054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

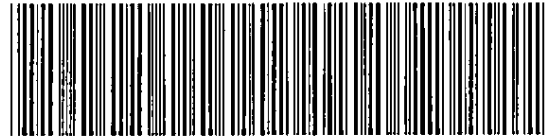
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ia)2-13799 Suffix

Office Use Only



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02/10/20--01005--007 **1052.50

20 FEB 10 11:04:47

STATE OF ALABAMA
TALLAHASSEE, FLORIDA

2020 FEB 10 AM 9:01

FILED

K. SALY
FEB 10 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 2/10/2020

****WALK IN****

ENTITY NAME THE KINTOL FAMILY LIMITED PARTNERSHIP

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXX

Plain Copy
Certified Copy
Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
Certificate of Status
Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 1052.50 cust. ck 15190

~~XXXXXXXXXXXXXXXXXXXX~~ *W: C SW*

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2020

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: THE KINTOL FAMILY LIMITED PARTNERSHIP
Ref. Number: W20000013799

CORRECTED
Please Allow For
Same File Date

We have received your document for THE KINTOL FAMILY LIMITED PARTNERSHIP 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 name of your limited liability limited partnership cannot include a limited partnership suffix. The name must include an acceptable limited liability limited partnership suffix. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, L.L.L.P. or LLLP. Please amend your document accordingly.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 220A00003024

20 FEB 11 11:42

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Kintol Family Limited Partnership

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:

Bradley J. Tolkin

Contact Person

50 South Pointe Drive, Apt. 2303

Firm/Company

Address

Miami Beach, FL 33139

City, State and Zip Code

brad.tolkin@wth.com

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

For further information concerning this matter, please call:

Bradley J. Tolkin

at (516) 626-6645

Name of Contact Person

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 (6/17)

FILED

2020 FEB 10 AM 9:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

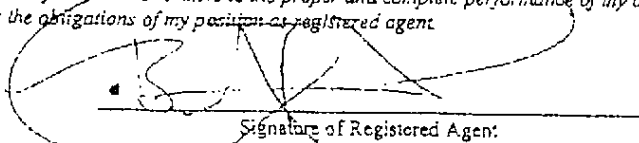
1. The Kintol Family Limited Partnership
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix). Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or LLLP.

2. 50 South Pointe Drive, Apt. 2303
(Street address of initial designated office)
Miami Beach, FL 33139

3. Bradley J. Tolkin
(Name of Registered Agent for Service of Process)

4. 50 South Pointe Drive, Apt. 2303
(Florida street address for Registered Agent)
Miami Beach, FL 33139

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. 50 South Pointe Drive, Apt. 2303
(Mailing address of initial designated office)
Miami Beach, FL 33139

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

FILED

2020 FEB 10 AM 9:01

STATE OF FLORIDA
TALLAHASSEE FLORIDA

8. Name and business address of each general partner:

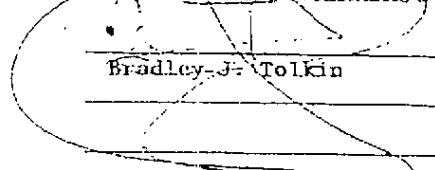
<u>Name:</u>	<u>Business Address:</u>
Bradley J. Tolkin	50 South Pointe Drive, Apt. 2303 Miami Beach, FL 33139
Margaret L. Tolkin	50 South Pointe Drive, Apt. 2303 Miami Beach, FL 33139

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.)

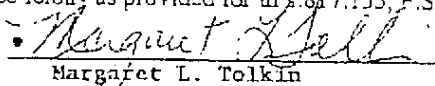
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 7th day of February, 2020

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.



 Bradley J. Tolkin



 Margaret L. Tolkin

Filing Fees: \$1,000.00 (S965 Filing Fee and \$35 Registered Agent Fee)
 Certified Copy (optional): \$52.50
 Certificate of Status (optional): \$8.75