

10/26/22, 8:40 AM

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BARNETT, KIRKWOOD, KOCH, LONG & FOSTER, P.A.  
Account Number : 072731001155  
Phone : (813)253-2020  
Fax Number : (813)251-6711

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: tseemann@gunster.com

2022 OCT 27 AM 9:00

2022 OCT 27 11:23

FLORIDA/FOREIGN LP/LLLP  
KF PARTNERSHIP, LP

|                       |            |
|-----------------------|------------|
| Certificate of Status | 1          |
| Certified Copy        | 0          |
| Page Count            | 02         |
| Estimated Charge      | \$1,008.75 |

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

OCT 27 2022

H22000366359

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

1. KF PARTNERSHIP, 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. 601 Bayshore Blvd., Suite 700  
*(Street address of initial designated office)*

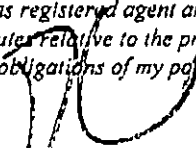
Tampa, Florida 33606

3. David L. Koche  
*(Name of Registered Agent for Service of Process)*

4. 601 Bayshore Blvd., Suite 700  
*(Florida street address for Registered Agent)*

Tampa, Florida 33606

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.*

X David L. Koche  Signature of Registered Agent

6. 601 Bayshore Blvd., Suite 700  
*(Mailing address of initial designated office)*

Tampa, Florida 33606

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:

KF Management, LLC

601 Bayshore Blvd., Suite 700

Tampa, Florida 33609

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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 26<sup>th</sup> day of October, 2022.

Signature of each general partner:  
KF MANAGEMENT, LLC

By: \_\_\_\_\_

David L. Koche, Authorized Representative

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Filing Fees:**

**\$1,000.00 (S965 Filing Fee and \$35 Registered Agent Fee)**

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**

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