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

From:
Account Name : MYCOMPANYWORKS, INC.
Account Number : I20230000035
Phone : (702)362-2677
Fax Number : (702)825-2581

2023 MAR 22 P 8:24

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

Email Address: aajami@gtservicescpa.com

FLORIDA/FOREIGN LP/LLLP

Philkor Limited Partnership

Certificate of Status	0
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Page Count	03
Estimated Charge	$1,000.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S. ROBERTS

MAR 23 2023

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

1. Philkor 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. 638 Misty Breeze St

(Street address of initial designated office)

Davenport, FL 33897

3. Daniel Parent

(Name of Registered Agent for Service of Process)

4. 638 Misty Breeze St

(Florida street address for Registered Agent)

Davenport, FL 33897

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. 638 Misty Breeze St

(Mailing address of initial designated office)

Davenport, FL 33897

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:
Twister Ice Cream LLC	7820 US 1 Port St Lucie, FL 34952

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 21 day of March 2023

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.

Twister Ice Cream LLC

By: Daniel Parent, AMBR

Filing Fees: **$1,000.00** ($960 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional): **$52.50**
Certificate of Status (optional): **$8.75**