

(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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DEC 0 9 2023

式. Brumbley

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tullahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KMM Legacy Ir	nvestments, LLLP			
Please Debit FC	A000000003 For: 1000			
Thank you Seth 1	Neelev			
1 day	//			
		Art of Inc. File		
		LTD Partnership File		
		Foreign Corp. File		
		L.C. File		
		Fictitious Name File		
		Trade/Service Mark		
		Merger File		
		Art, of Amend, File		
		RA Resignation		
		Dissolution / Withdrawal		
		Annual Report / Reinstatement		
		Cert. Copy Photo Copy Certificate of Good Standing		
		Certificate of Status		
		Certificate of Fictitious Name		
		Corp Record Search		
,		Officer Seurch		
		Fictitious Search		
Signature		Fictitious Owner Search		
		Vehicle Search		
	<del></del>	Driving Record		
Requested by:		UCC 1 or 3 File		
		UCC 11 Search		
Name	Date Time	UCC 11 Retrieval		
Walk-In	Will Pick Up	Courier		

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

KMM Legacy Investments, LLLP 1. (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited	
(Name of Limited Partnership of 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. 1206 East Ridgewood Street	
(Street address of initial designated office)	
Orlando, Florida 32803	
Del.ouch Planning, P.L.	
(Name of Registered Agent for Service of Process)	
1206 East Ridgewood Street	
(Florida street address for Registered Agent)	
Orlando, Florida 32803	2
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fawith and accept the obligations of my position as registered agent.	comply
75/ Jordan Hurlburt  9EC6216A3C35Signature of Registered Agent	FD AH 10: 38
9EC8216A3C3E44C. Signature of Registered Agent	<u>:</u>
55	ည္
(Mailing address of initial designated office)	
Orlando, Florida 32803	

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

8. Name and business address of ca Name:	_	ar partner: <u>Business Addres:</u>	<u>s:</u>	
KMM Legacy Property Management, LIJ	С	1206 East Ridgewood Street		
	_	Orlando, Florida 32	803	
	_			
	_			
	_			
	_			
	_			
9. Effective date, if other than the d (Effective date cannot be prior to not the Florida Department of State.)  Note: If the date inserted in this block this date will not be listed as the doc	or more th ck does n	han 90 days after not meet the appli	cable statutory filing requiren	nents,
Signed thislst	_ day of_	December	, 2023	
Signature of each general partner: I/herein are true. I/We am/are aware to Department of State constitutes a the David M. Poll  TERROTAN GORDON	hat any fa ird degree	alse information see felony as provid <u>David M. Doll, as</u> Property Manage	submitted in a document to th	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000. \$52.50 \$8.75	00 (\$965 Filing Fee	and \$35 Registered Agent Fee)	

Page 2 of 2