

1/5/24, 11:20 AM

Division of Corporations

**A2400000011**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.  
Account Number : 076117000420  
Phone : (561)650-0728  
Fax Number : (561)671-2527

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

Email Address: sosfilings@gunster.com

**FLORIDA/FOREIGN LP/LLLP  
EDWARD KALOUST FAMILY, LLLP**

Certificate of Status	1
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Page Count	02
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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JAN 05 2024

K. Brumblay

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

1. EDWARD KALOUST FAMILY, LLLP

(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. 2618 N. Dundee Street

(Street address of initial designated office)

Tampa, Florida 33629

3. Derek Kaloust

(Name of Registered Agent for Service of Process)

4. 2618 N. Dundee Street

(Florida street address for Registered Agent)

Tampa, Florida 33629

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)

Derek Kaloust

Signature of Registered Agent

6. 2618 N. Dundee Street

(Mailing address of initial designated office)

Tampa, Florida 33629

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

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NOTARIZED  
JAN 5 2024  
TAMPA

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## 8. Name and business address of each general partner:

Name:Business Address:Kaloust Family Management, LLC2618 N. Dundee StreetTampa, Florida 33629

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 1/5/2024 day of January, 2024.

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.

KALOUST FAMILY MANAGEMENT, LLC⑧ By: Derek KaloustDerek Kaloust, Manager

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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