## B5700000181

(Re	equestor's Name)	•
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
. (Do	ocument Number)	
· Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Section

Division of Corporations	
SUBJECT: MIKA INVESTMENT	S, L.P.
	tnership or Limited Liability Limited Partnership)
	of status and fees are submitted to register a foreign valimited partnership to transact business in Florida. cerning this matter to:
ERIKA LYNCH	
(Contact Person)	
(Firm/Company)	)
P.O. BOX 8125	
(Address)	
MADEIRA BEACH, FL 3373	38
(City, State and Zip C	Code)
For further information concerning the	•
ERIKA LYNCH	at ( 727 ) 319-2151
(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 and Certificate of Status	and Certified Copy  S1,052.50 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

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

(Name of Limited Partnership or	L.P. MIKA INVESTORS Limited Liability Limited Partnership, which must include suffix)	
Acceptable Limited Partnership suffic	ces: Limited Partnership, Limited, L.P., LP, or Ltd. Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.	
or LLLP.	rarmersmip sugrixes. Limitea Liability Limitea Farmersmip, L.L.L.1.	
Milla In	ruestors, L.P.	
(If name unavailable, name under	which the limited partnership or limited liability limited partnership insact business in Florida; must contain acceptable suffix.)	
2. NEVADA	3. 1/01/1999 (Date of Formation)	
(State or Country of Forma	tion) (Date of Formation)	
4. K. LUCILLE HUNT		
(Name o	f Registered Agent for Service of Process)	
<sub>5.</sub> FOUR 163RD AVENU	JE E	
(Flori	da street address for Registered Agent)	
REDINGTON BEACH, FL	ORIDA 33708	0
comply with the provisions of all stati	as registered agent and agree to act in this capacity. I further agree to utes relative to the proper and complete performance of my duties, obligations of my position as registered agent.	IN ROISIAN
_ <del>K</del>	Lucille Heart  Signature of Registered Agent	, in the second
7. FOUR 163RD AVENUE		, .
	(Principal office address)	*
REDINGTON BEACH, FL	ORIDA 33708	

Page 1 of 3

9. 3885 S DECATUR, SUITE 20	
	failing address)
LAS VEGAS, NV 89103	
10. Name, principal office address, and	mailing address of each general partner:
KENOM MANAGEMENT	3885 S DECATUR, SUITE 2010
(Name)	LAS VEGAS, NV 89103 F99.483
	(Mailing Address)
MICHAEL LYNCH	P.O. BOX 8125
(Name)	MADEIRA BEACH, FL 33738
	(Mailing Address)
ERIKA LYNCH	P.O. BOX 8125
(Name)	MADEIRA BEACH, FL 33738
	(Mailing Address)
NORA SMITH	10 MORSE ROAD
(Name)	SHERBORN, MA 770
	(Mailing Address)

ERIKA REDMOND	28 SHERIDAN ROAD
(Name)	WELLESLEY, MA 02481
	(Mailing Address)
KAREN LYNCH	1734 P STREET N.W., #45
(Name)	WASHING (SUN, DCs) 20036
	(Mailing Address)
11. Effective date, if other than the date of filing:	·
(Effective date cannot be prior to nor more filed by the Florida Department of State.)	e than 90 days after the date this document is
to the delivery of this application to the Flo	aly authenticated, not more than 90 days prior orida Department of State, by the Secretary of e entity's records in the jurisdiction under the
Signed this <u>30</u> day of	april ,20 07.
Signature of a general partner:  Signature of a general partner:	(corporate opent)
Filing Fees: \$1,00 Certified Copy (optional): \$52.5 Certificate of Status (optional): \$8.75	

0. Name, principal office address, and mailing address of each general partner:			
MEGHAN JACKSON	3912 MIRA VISTA DRIVE		
(Name)	AUSTIN, TX 78732		
	(Mailing Address)		
(Name)	(Street Address)		
	(Mailing Address)		
(Name)	(Street Address)		
·	(Mailing Address)		
(Name)	(Street Address)		
	(Mailing Address)		

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence. **MIKA INVESTMENTS LIMITED PARTNERSHIP**, as a limited partnership duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 15, 1999, and is in good standing in this state.

O TO THE PARTY OF THE PARTY OF

Electronic Certificate
Certificate Number: C20070518-1510
You may verify this electronic certificate
online at http://secretary.ofstate.biz/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 18, 2007.

ROSS MILLER Secretary of State