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## **S MASON**

#### **COVER LETTER**

TO: Registration Section Division of Corporations

# SUBJECT: Kettleby LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Diane	e Kalinowski			
· · · ·	Contact Person			
MYL	LC.com, Inc.			
	Firm/Company			
5716 Co	orsa Ave. Ste 1'	10		
	Address	<u>.</u>		
Westlak	ke Village, CA 9	1362		
Ci	ty, State and Zip Code			
, diane.kal	inowski@myllc.co	m		
E-mail address: (to be u	sed for future annual repor	t notification)		
For further information co	oncerning this matter, pleas	e call:		
Diane Kalinov	wski	at (888	<mark>،886</mark>	-9552
Name of Contac	t Person		and Dayti	me Telephone Number
Enclosed is a check for th	e following amount:			
X\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<ul> <li>S1,008.75 Filing Fees and Certificate of Status</li> </ul>	□ \$1,052.50 Fi and Certified 0		□ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING AI		
Registration Section		Registration Second Contract Contracts Contrac		
Division of Corporations Clifton Building		P. O. Box 632		
2661 Executive Center Ci Tallahassee, FL 32301	rcle	Tallahassee, F	L 32314	

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

## L. Kettleby 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.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Tennessee		<sub>3.</sub> 11/16/2015		
Sta	ate or Country of Formation	Date of Fo	rmation	-
4. Federal Employer	r Identification Number:	· · · · · · · · · · · · · · · · · · ·		~3
5. Name of Registere	ed Agent for Service of Process and Fl	orida Street Address:		
InCorp Ser	vices, Inc.			
17888 67th	Court North			25
	e, FL 33470		- PF - S	
6. I hereby accept the of all statutes relat my position as regi	Diane	gree to act in this capacity. I further ance of my duties, and I am familiar Kaluweski of Registered Agent	r agree to comply w with and accept th on Bchalf of: _ InCorp Servi	e-obligations of
7. Principal Office:		8. Mailing Address:		
340 Autumn	Hill Blvd.	340 Autumn Hill Blvd	•	
Thornhill, Ont	ario, L4J 9C1	Thornhill, Ontario, L4J	9C1	
Canada		Canada		
9. If limited partner	ship is a limited liability limited partn	ership, check box .		
	office address, and mailing address of	f each general partner:		
Name of General	Partner: Anzano, LLC	Name of General Partner:		
	340 Autumn Hill Blvd.	Street Address:		
m1500009547	Thornhill, Ontario, L4J 9C1, Canada			
	340 Autumn Hill Blvd.	Mailing Address:		
	Thornhill, Ontario, L4J 9C1, Canada			
Name of General	Partner:	Name of General Partner:		
Street Address:		Street Address:		
Mailing Address:		Mailing Address:		

Page 1 of 2 Name of General Partner:\_\_\_\_\_\_ Name of General Partner:\_\_\_\_\_\_ Street Address: Street Address: Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ 11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) 12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized. <sub>.20</sub> 2015 Signed this <u>19</u> \_\_\_\_\_day of Nov on behalf of:

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

214

Signature of a general partner

an

Filing Fees: Certified Copy (optional): Certificate of Status (optional): \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 2 of 2



Anzano, LLC



DIANE E KALINOWSKI 5716 CORSA AVE STE 110 WESTLAKE VILLAGE, CA 91362

## STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services

William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

November 22, 2015

Request Type: Certificate of Existence/Authorization Request #: 0185766		Issuance Date: 11/22/2015 Copies Requested: 1		
	Document Receipt			·
Receipt #: 002319177		Filing Fee:		\$22.25
Payment-Credit (	Card - State Payment Center - CC #: 166000230			\$22.25
Regarding:				
Filing Type:	Limited Partnership - Domestic	Control # :	821789	•
Formation/Qualifi	ication Date: 11/16/2015	Date Formed:	11/16/2015	
Status:	Active	Formation Locale:	TENNESSE	E
Duration Term:	Expires: 11/16/2065	Inactive Date:		
<b>Business County</b>	•			

### **CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

## KETTLEBY LP

\* is a Limited Partnership duly created under the law of this State, whose Certificate of Limited Partnership was filed with this office on the date given above;

\* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett Secretary of State

Verification #: 014948329

Processed By: Cert Web User