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MAY 13 2016 N. CAUSSEAUX

### **COVER LETTER**

Registration Section Division of Corporations

SUBJECT: KMP-USA, LTD

TO:

Maine of Poteign Limited Pa	armership or Limited Li	addity Limited Partnership
The enclosed application, certificate of status and partnership to transact business in Florida.  Please return all correspondence concerning this		egister a foreign limited partnership or limited liability limited
IVAN A GUERRERO		
Contact Person		
C/O IVAN A GUERRERO P.A		
Firm/Company		
44 WEST FLAGLER STREET S	STE 1445	
Address		•
MIAMI, FL 33130		
City, State and Zip Code	1. · · · · · · · · · · · · · · · · · · ·	•
orlando@kmpbrand.com		
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matter, p	lease call:	
Ivan A Guerrero	<sub>at (</sub> 786	,536-9088
Name of Contact Person		d 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 Fe and Certificate of Status	es	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDI Registration Section Division of Corpo P. O. Box 6327 Tallahassee, FL 3	on rations



March 28, 2016

IVAN A. GUERRERO, ESQUIRE C/O IVAN A. GUERRERO P.A. 44 WEST FLAGLER STREET, SUITE 1445 MIAMI, FL 33130

SUBJECT: KMP-USA, LTD Ref. Number: W16000022733

We have received your document for KMP-USA, LTD and your check(s) totaling \$1061.25. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 416A00006286

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

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

# , KMP-USA, LTD

(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			mited liability limited partnership proportion acceptable suffix.	poses to register to transact
<sub>2</sub> TEXAS			11/07/1996	A C
St	nte or Country of Formation r Identification Number: 76052	· · · · · · · · ·	Date of Formation	5 To 1
5. Name of Register ORLANDO B	ed Agent for Service of Process a ELTRAN	nd Florida S	Street Address:	94 2: SEPTE
1728 NW 821	ND AVENUE			至 8
DORAL, FL 3	3126			Ď.,
of all statutes reid my position as reg	nive to the proper and complete peristered agent.  Sign	formance of ature of Re	act in this capacity. I further agree to my duties, and I am familiar with and guttered Agent	
		illing Address: 4 NORTH POST OAK R	D.	
HOUSTON,	TX 77055		USTON, TX 77055	
9. If limited partne	rship is a limited liability limited	partnership	, check box .	
	I office address, and mailing add		•	
Name of Genera	Partner: JOSET TI LISEIV	DEIVO	Name of General Partner:	
Street Address:	HOUSTON, TX 77055	JAK KU	Street Address:	
Mailing Address	HOUSTON, TX 7705		Mailing Address:	
Name of Genera	l Partner:	`.	Name of General Partner:	
Street Address:			Street Address:	······································
ុMailing Address	s:	····	Mailing Address:	

Name of General	Page 1 of 2  Partner: Name of General Partner:			
Street Address: _	Street Address:			
Mailing Address:	Mailing Address:			
l l. Effective date, if Effective date cannot	other than the date of filing: 03/16/2016 be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)			
	ficate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under organized.			
Signed this 16TH	day of MARCH ,20 16			
	Signature of a general pertocr			

\$8.75

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.

Filing Fees: Certified Copy (optional):

Certificate of Status (optional):

Page 2 of 2

\$1,000.00 (\$965 Filling Fee and \$35 Registered Agent Fee) \$52.50

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Carlos H. Cascos
Secretary of State

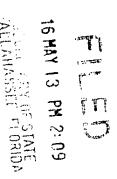


# Office of the Secretary of State

### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate Of Limited Partnership for KMP-USA, LTD. (file number 9303610), a Domestic Limited Partnership (LP), was filed in this office on November 07, 1996.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 26, 2016.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Carlos H. Cascos Secretary of State