

B17000000036

(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:

Karl Saunders GAVE
AUTHORIZATION BY PHONE TO
CORRECT Spelling out LP + suit
DATE 2/10/17 Not
Noted
Alternate
name

Office Use Only



400295108034

02/03/17--01017--018 **1061.25

17 FEB -9 PM 8:11
CLASSIFIED

FEB 2017

Y SULKER

W/L 2 10671

KAD LP
189 Bradley Place
Suite 2 North
Palm Beach, FL 33480

To: Yasemin Sulker
FAX #: 850-245-6030
From: Karl C. Saunders
Phone: 561-249-7154

2 Pages

Hi Yasemin, Thanks for your help today. I've attached the Certificate of Good Standing. Could you also please add the Suite #: "**Suite 2 North**" to our filing address? When I filed last week I wasn't sure about the suite number for our new office. I appreciate it!

Sincerely,



Karl C. Saunders

RECEIVED
2017 FEB -9 PM 5:01

STATE OF FLORIDA
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2017

KARL C SAUNDERS
189 BRADLEY PLACE
PALM BEACH, FL 33480

SUBJECT: KAD LP
Ref. Number: W17000010671

We have received your document for KAD LP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 317A00002366

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAD 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:

Karl C. Saunders

Contact Person

Sailfish Ventures, LLC

Firm/Company

189 Bradley Place

Address

Palm Beach, FL 33480

City, State and Zip Code

ksaunders@sailfishventures.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karl C. Saunders at (**561**) **249-7154**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

| | | | |
|---|---|---|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status | <input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy | <input checked="" type="checkbox"/> \$1,061.25 Filing Fee, 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 BUSINESS IN FLORIDA

1. KAD LIMITED PARTNERSHIP

(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.

KAD DELAWARE LIMITED PARTNERSHIP

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. Delaware

State or Country of Formation

3. 10/29/1997

Date of Formation

4. Federal Employer Identification Number 04-2908586

5. Name of Registered Agent for Service of Process and Florida Street Address:

Karl C. Saunders

189 Bradley Place, Ste 2 North

Palm Beach, FL 33480

6. 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.

Karl C. Saunders

Signature of Registered Agent

7. Principal Office:

KAD LP

189 Bradley Place, Ste 2 N

Palm Beach, FL 33480

8. Mailing Address:

KAD LP

189 Bradley Place, Ste 2 N

Palm Beach, FL 33480

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Amin J. Khoury

Street Address: 1400 Corporate Center Way
Wellington, FL 33414

Mailing Address: _____

Name of General Partner: Amin C. Khoury

Street Address: 256 Tradewind Drive
Palm Beach, FL 33480

Mailing Address: _____

Name of General Partner: David N. Khoury

Street Address: 115 Nightingale Trail
Palm Beach, FL 33480

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

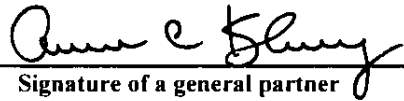
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: February 6, 2017
 (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.

Signed this 2nd day of February, 2017.



 Signature of a general partner

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

16 FEB -9 PM 3:11
 DEPT. OF STATE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KAD LIMITED PARTNERHIP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KAD LIMITED PARTNERHIP" WAS FORMED ON THE TWENTY-NINTH DAY OF OCTOBER, A.D. 1997.



2814572 8300

SR# 20170729280

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202002771

Date: 02-08-17