

B17000000133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W17-280.34 ADD.

Office Use Only



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03/30/17--01009--013 \*\*1061.25

FILED

2017 MAY 30 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

MAY 31 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kolligian Group L.P.

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:

**Shannon Williams**

Contact Person

**Kolligian Group L.P.**

Firm/Company

**8050 N. Palm Avenue, Suite 300**

Address

**Fresno, CA 93711**

City, State and Zip Code

**shannonwilliams@kolligiangroup.com**

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

For further information concerning this matter, please call:

**Shannon Williams**

at ( **559** ) **434-8600**

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 Fees  
and Certificate of  
Status

☐ \$1,052.50 Filing Fees  
and Certified Copy

☒ \$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

FILED  
2017 MAY 30 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Kolligian Group L.P.

(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. California

State or Country of Formation

3. 07/01/1994

Date of Formation

4. Federal Employer Identification Number: 77-0381066

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

Paracorp Incorporated

155 Office Plaza Drive, 1st Floor

Tallahassee, FL 32301

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.

SEE ATTACHED

Signature of Registered Agent

7. Principal Office:

8050 N. Palm Avenue  
Suite 300  
Fresno CA 93711

8. Mailing Address:

8050 N. Palm Avenue  
Suite 300  
Fresno CA 93711

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: Lee J. Kolligian

Name of General Partner: \_\_\_\_\_

Street Address: 8050 N. Palm Avenue, Suite 300

Street Address: \_\_\_\_\_

Fresno, CA 93711

Mailing Address: 8050 N. Palm Avenue, Suite 300

Mailing Address: \_\_\_\_\_

Fresno, CA 93711

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

FILED

2017 MAY 30

AMT: 38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Signed this 10th day of January, 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.

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

FILED  
2017 MAY 30 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 1/10/2017

ENTITY NAME: KOLLIGIAN GROUP LP

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

**Paracorp Incorporated**, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Sharon Cooke

Sharon Cooke, Assistant Secretary  
Paracorp Incorporated

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**FILED**  
**2017 MAY 30 AM 11:38**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

ENTITY NAME: KOLLIGIAN GROUP L.P.

FILE NUMBER: 199423400031  
FORMATION DATE: 08/22/1994  
TYPE: DOMESTIC LIMITED PARTNERSHIP  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal  
of the State of California this day of  
January 23, 2017.

A handwritten signature in black ink, appearing to read "Alex Padilla".

**ALEX PADILLA**  
**Secretary of State**

RAO



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 3, 2017

SHANNON WILLIAMS  
KOOIGIAN GROUP L.P.  
8050 N PALM AVE, STE. 300  
FRESNO, CA 93711

SUBJECT: KOLLIGIAN GROUP L.P.  
Ref. Number: W17000028034

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

The document must contain both the street address of the principal office and the mailing address of the entity.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 117A00006345

RECEIVED  
2017 MAY 30 PM 12:30  
TALLAHASSEE, FLORIDA