

B170000000140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

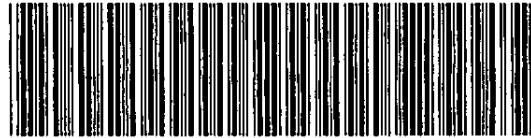
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED
2017 JUN -5 PM 4:38
TALLAHASSEE, FLORIDA

Office Use Only



500299978195

06/06/17--01004--018 **1000.00

17 JUN -5 PM 3:24

O SIMMONS
JUN 07 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KIRENAGA FRESH 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:

DAVID SCALZO

Contact Person

KIRENAGA FRESH LP

Firm/Company

3259 PROGRESS DRIVE

Address

ORLANDO, FL 32826

City, State and Zip Code

cfo@kirenaga.com

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

For further information concerning this matter, please call:

DAVID SCALZO

at (321) 234-5433

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

1. KIRENAGA FRESH 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. DELAWARE

State or Country of Formation

3. 2/13/2017

Date of Formation

4. Federal Employer Identification Number: 30-0968759

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

DAVID SCALZO

3259 PROGRESS DRIVE

ORLANDO, FL 32826

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.

Signature of Registered Agent

7. Principal Office:

3259 PROGRESS DRIVE

ORLANDO, FL 32826

8. Mailing Address:

3259 PROGRESS DRIVE

ORLANDO, FL 32826

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: Kirenaga Fresh GP LLC

Name of General Partner:

Street Address: 3259 Progress Drive

Street Address:

Orlando, FL 32826

Mailing Address: 3259 Progress Drive

Mailing Address:

Orlando, FL 32826

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing 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: _____

(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 25 day of MAY, 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

7 JUN -5 PM 3:24

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KIRENAGA FRESH LP" 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 FIFTEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KIRENAGA FRESH LP" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2017.



6316882 8300

SR# 20173052826

You may verify this certificate online at corp.delaware.gov/authver.shtml

A 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.

Authentication: 202536004

Date: 05-15-17