

B170000000181

(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:

GP

W17-48034

2017 JUL -5 PM 4:30

Office Use Only



800299978168

06/06/17--01004--017 **1000.00

FILED
17 JUL 17 PM 2:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUL 19 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2017

DAVID SCALZO
3259 PROGRESS DRIVE
ORLANDO, FL 32826

SUBJECT: KIRENAGA SAFE LP
Ref. Number: W17000048034

We have received your document for KIRENAGA SAFE LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 317A00011473

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KIRENAGA SAFE 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 SAFE 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 SAFE 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: 36-4860222

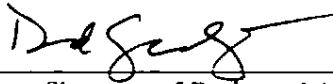
5. Name of Registered Agent for Service of Process and Florida Street Address:

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

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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 Safe 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: _____

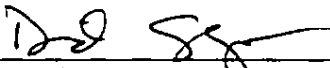
Mailing Address: _____ Mailing Address: _____

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

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17 JUL 17 PM 2:45
STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KIRENAGA SAFE 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 SAFE LP" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2017.



6316883 8300

SR# 20173052821

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: 202535997

Date: 05-15-17