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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32301

TO:

SUBJECT: RCH?KCP 2017 Fund Investor	s, LP
	Partnership or Limited Liability Limited Partnership
The enclosed application, certificate of status partnership to transact business in Florida. Please return all correspondence concerning t	and fees are submitted to register a foreign limited partnership or limited liability limited his matter to:
Peter C. Jordan	
Contact Person	
RCH Capital, LLC	
Firm/Company	
360 Central Avenue, Suite 1220	
Address	
St. Petersburg, FL 33701	
City, State and Zip Co	de
petejordan@rchcapital.com	
E-mail address: (to be used for future annua	report notification)
For further information concerning this matte	r, please call:
Peter C. Jordan	727 497-4042
Name of Contact Person	at () 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 and Certificate Status	· — · · — · ·
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2017

PETER C JORDAN 360 CENTRAL AVENUE, SUITE 1220 ST PETERSBURG, FL 33701

SUBJECT: **R**CH/KCP 2017 FUND INVESTORS. LP

Ref. Number: W17000091773

We have received your document for KCH/KCP 2017 FUND INVESTORS, LP and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

The document must contain the name and business address of each general partner.(Note: All non-individual general partners must have an active registration with the Florida Dept. of State.)

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 117A00023308

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

RCH/KCP 2017 Fund Investors, LP		
(Name of Limited Partnership or Limited Liability Acceptable Limited Partnership suffixes: Limited Partnership, Acceptable Limited Liability Limited Partnership suffixes: Lim	Limited, L.P., LP, or Ltd.	
If name unavailable, name under which the limited partnership business in Florida: m	o or limited liability limited partnership proposes to re	gister to transact
2 Delaware	3January 5, 2017	
State or Country of Formation	Date of Formation	•
4. Federal Employer Identification Number 81-4936582		
5. Name of Registered Agent for Service of Process and Flor Fred S. Razook, Jr.	rida Street Address:	
360 Central Avenue, Suite 1220		
St. Petersburg, FL 33701		
6. I hereby accept the appointment as registered agent and agr of all statutes relative to the proper and complete performan my position as registered agent. Signature o	ree to act in this capacity. Lurther agree to comply was of my duties, and am familiar with and accept the Registered Agent	ith the provisions e obligations of
7. Principal Office:	8. Mailing Address:	
360 Central Avenue, Suite 1220	360 Central Avenue, Suite 1220	
St. Petersburg, FL 33701	St. Petersburg, FL 33701	
9. If limited partnership is a limited liability limited partne	rship, check box.	7 :
10. Name, principal office address, and mailing address of o	each general partner:	r Na
Name of General Partner: RCH/KCP 2017 Fund GP, LLC	Name of General Partner:	<u> </u>
Street Address: 360 Central Avenue, Suite 1220	Street Address:	7:3
St. Petersburg, FL 33701		र
Mailing Address:		
Name of General Partner:		
Street Address:		
Mailing Address:		

Name of General Partner:	Name of General Partner:	Name of General Partner:	
Street Address:	Street Address:		
Mailing Address:	Mailing Address:		
	90 days after the date this document is filed by the Florid meet the applicable statutory filing requirements, this date		
 Attached is a certificate of existence duly authorida Department of State, by the Secretary of the law of which it is organized. 	thenticated, not more than 90 days prior to the delivery of State or other official having custody of the entity's reco	this application to the rds in the jurisdiction under	
Signed this day of	Signature of a general partner		
The individual signing this document affirms the submitted in a document to the Department of Si	at the facts stated herein are true and the individual is awa tate constitutes a third degree felony as provided for in s.8	re that false information 317.155, F.S.	
Filing Fees: Certified Copy (optional): Certificate of Status (optiona	\$1,000.00 (\$965 Filing Fee and \$35 Regist \$52.50 al): \$8.75	tered Agent Fee)	
	Page 2 of 2	24.5	

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RCH/KCP 2017 FUND INVESTORS, 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 SIXTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RCH/KCP 2017 FUND INVESTORS, LP" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203518723

Date: 11-06-17

6272630 8300 SR# 20176940325