

# A14000000503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

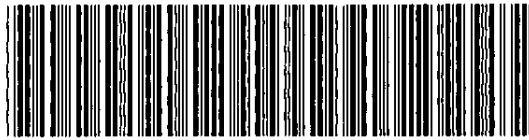
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600264351016

09/19/14--01001--027 \*\*1052.50

EFFECTIVE DATE  
9-18-2014

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2014 SEP 18 PM 4:19  
SUPERVISOR OF FILING

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2014 SEP 18 AM 10:20

K. SALY  
EXAMINER  
SEP 19 2014

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JOEL & ADELE ENTERPRISES, LLLP

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: SETH

09/18/14

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JOEL & ADELE ENTERPRISES LLLP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

MORRIS ENGELBERG, ESQUIRE

Contact Person

M. ENGELBERG & L. MILGRIM, P.A.

Firm/Company

4040 SHERIDAN STREET

Address

HOLLYWOOD, FL 33021

City, State and Zip Code

morris\_engelberg@bellsouth.net

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

For further information concerning this matter, please call:

MORRIS ENGELBERG, ESQ. at ( 954 ) 966-3900

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 Fees, 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

EFFECTIVE DATE  
9-18-2014

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED  
2014 SEP 18 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. JOEL & ADELE ENTERPRISES LLLP

(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.

2. 19010 Northeast 20th Avenue  
(Street address of initial designated office)

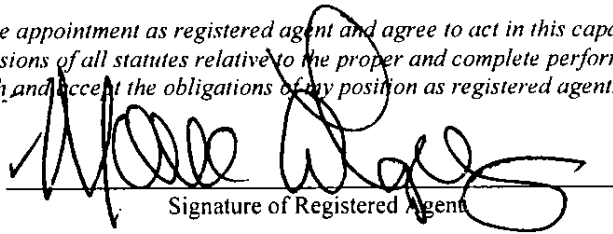
North Miami Beach, Florida 33179

3. MORRIS ENGELBERG, ESQUIRE  
(Name of Registered Agent for Service of Process)

4. 4040 SHERIDAN STREET  
(Florida street address for Registered Agent)

HOLLYWOOD, FL 33021

5. *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

6. 19010 Northeast 20th Avenue  
(Mailing address of initial designated office)

North Miami Beach, Florida 33179

7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of each general partner:

Name:

Business Address:

JOEL & ADELE, INC.

19010 Northeast 20th Avenue

North Miami Beach, Florida 33179

2014 SEP 18 AM 10:20  
FILED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

9. Effective date, if other than the date of filing: SEPTEMBER 18, 2014

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 17TH day of SEPTEMBER, 2014

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any 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.

JOEL & ADELE, INC., a Florida corporation  
General Partner

By: Joel Sandberg  
JOEL SANDBERG, President

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