

A15000000789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

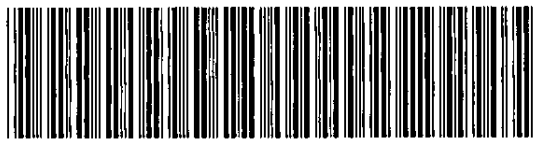
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/15/15--01020--014 **1061.25

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DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
15 DEC 15 PM 12: 01
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
S. YOUNG
DEC 16 2015

CAPITAL CONNECTION, INC.

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

7600 COLLEGE EQUITY INVESTORS

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 _____

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TALLAHASSEE, FLORIDA

Signature _____

Requested by: SETH

12/14/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 7600 COLLEGE EQUITY INVESTORS, 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:

CATHY SCOTT
Contact Person

RENDINA
Firm/Company

661 UNIVERSITY BOULEVARD, SUITE 200
Address

JUPITER, FLORIDA 33458
City, State and Zip Code

CSCOTT@RENDINA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CATHY SCOTT at (561) 630-5055
Name of Contact Person Area Code and Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

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

1. 7600 COLLEGE EQUITY INVESTORS, 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. 661 UNIVERSITY BOULEVARD, SUITE 200

(Street address of initial designated office)

JUPITER, FLORIDA 33458

3. REGSERV CORP.

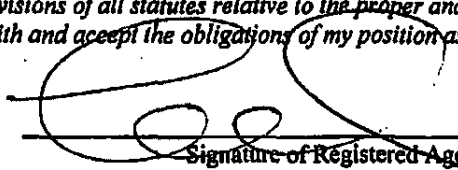
(Name of Registered Agent for Service of Process)

4. 661 UNIVERSITY BOULEVARD, SUITE 200

(Florida street address for Registered Agent)

JUPITER, FLORIDA 33458

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 MICHAEL J. SALVATORE, PRESIDENT

6. 661 UNIVERSITY BOULEVARD, SUITE 200, JUPITER, FLORIDA 33458

(Mailing address of initial designated office)

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

7600 COLLEGE EQUITY, LLC

661 UNIVERSITY BOULEVARD, SUITE 200

JUPITER, FLORIDA 33458

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

9. Effective date, if other than the date of filing: _____

(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 10 day of DECEMBER, 2015.

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.

SEE ATTACHED
SIGNATURE PAGE

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

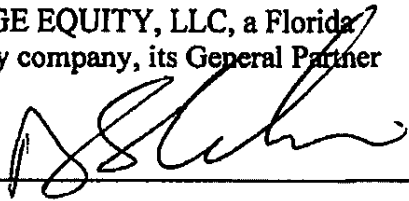
\$52.50

Certificate of Status (optional):

\$8.75

SIGNATURE PAGE TO 7600 COLLEGE EQUITY INVESTORS, LLLP
CERTIFICATE OF LIMITED PARTNERSHIP

7600 COLLEGE EQUITY, LLC, a Florida
limited liability company, its General Partner

By: 
Name: David S. Levenson
Title: Vice President

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TALLAHASSEE, FLORIDA

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

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(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
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or LLLP.

2. 661 UNIVERSITY BOULEVARD, SUITE 200

(Street address of initial designated office)

JUPITER, FLORIDA 33458

3. REGSERV CORP.
(Name of Registered Agent for Service of Process)

4. 661 UNIVERSITY BOULEVARD, SUITE 200
(Florida street address for Registered Agent)

JUPITER, FLORIDA 33458

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

MICHAEL J. SAKA PZCO,

PRESIDENT

6. 661 UNIVERSITY BOULEVARD, SUITE 200, JUPITER, FLORIDA 33458
(Mailing address of initial designated office)

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:

7600 COLLEGE EQUITY, LLC

661 UNIVERSITY BOULEVARD, SUITE 200

JUPITER, FLORIDA 33458

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TALLAHASSEE FLORIDA

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Signed this _____ day of DECEMBER, 2015.

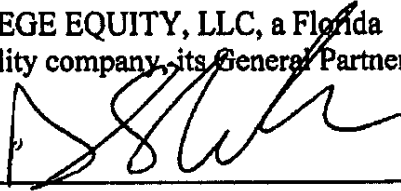
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SEE ATTACHED SIGNATURE
PAGE

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

SIGNATURE PAGE TO 7600 COLLEGE EQUITY INVESTORS, LLLP
CERTIFICATE OF LIMITED PARTNERSHIP

7600 COLLEGE EQUITY, LLC, a Florida
limited liability company, its General Partner

By: 
Name: David S. Lehenon
Title: Vice President

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TALLAHASSEE, FLORIDA