

07/12/2018

5/24/2018

**A18 000000283**

P.001/004

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H18000160721 3))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_



REC'D

2018 JUL 12 PM 12:38

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**FLORIDA/FOREIGN LP/LLLP  
Two Suits Family Limited Partnership**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

2018 JUL 12 PM 4:52

Electronic Filing Menu

Corporate Filing Menu

Help

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JUL 13 2018

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

1. Two Suits Family Limited Partnership

(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 L.L.P.

2. 5011 South State Road 7, Suite 106

(Street address of initial designated office)

Davies, Florida 33314

3. Vcorp Services, LLC

(Name of Registered Agent for Service of Process)

4. 5011 South State Road 7, Suite 106

(Florida street address for Registered Agent)

Davies, Florida 33314

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. 5011 South State Road 7, Suite 106

(Mailing address of initial designated office)

Davies, Florida 33314

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

2018 JUL 12 PM 4:52

8. Name and business address of each general partner:

Name:

Business Address:

Batts Holdings LLC

130 Bodman Place

Red Bank, New Jersey 07701

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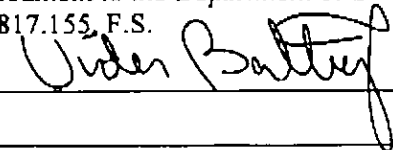
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9. Effective date, if other than the date of filing: \_\_\_\_\_

*(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 27th day of April, 2018

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.



Victor Battaglia, Authorized Member of  
Batts Holdings LLC

**Filing Fees:**  
**Certified Copy (optional):**  
**Certificate of Status (optional):**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)  
**\$52.50**  
**\$8.75**

2018 JUL 12 PM 4:52  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE REGISTRATION

FILED



May 29, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

VCORP SERVICES, LLC

SUBJECT: TWO SUITS FAMILY LIMITED PARTNERSHIP  
REF: W18000050414

We have received your document for TWO SUITS FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$. 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.

Dionne M Scott  
Regulatory Specialist II

FAX Aud. #: H18000160721  
Letter Number: 018A00011078



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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA