

A23000000094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

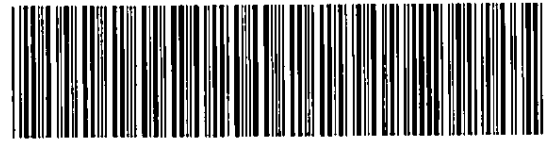
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/22/23--01031--017 **1000.00

RECEIVED

APPROVED
AND
FILED

2023 FEB 22 PM 12:11 2023 FEB 22 AM 7:44

ALL AHASSEE FLORES

FEB 22 2023
K. Brumby

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160: **\$1000.00**

Authorization Signature: _____

NIKKI & FAMILY RETIREMENT , LLLP

BUSINESS NAME _____ **DOCUMENT #** _____

Walk in _____ Pick up time _____

Mail out _____ Will wait _____ Photocopy

Certified Copy of Articles of Organization

Certificate of Status

NEW FILINGS

for Profit Corp

Not for Profit

Limited Liability

Domestication

Other

CORP

LLLP

AMMENDMENTS

Amendment

Resignation of R.A. Officer/Director

Change of Registered Agent

Dissolution

Merger

Conversion

Amended and restated Articles

Statement of Authority

OTHER FILINGS

Annual Report

Fictitious Name

APOSTIL(_____
Country

Other

REGISTRATION/QUALIFICATIONS

Foreign filing

Limited Partnership

Reinstatement

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIKKI & FAMILY RETIREMENT, 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:

Sandra Z. Green, Esq.
Contact Person
JONATHAN H. GREEN & ASSOCIATES, P.A.
Firm/Company
901 Ponce de Leon Boulevard, Suite 601
Address
Coral Gables, Florida 33134
City, State and Zip Code

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

For further information concerning this matter, please call:

Sandra Z. Green at (305) 372-5100
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

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

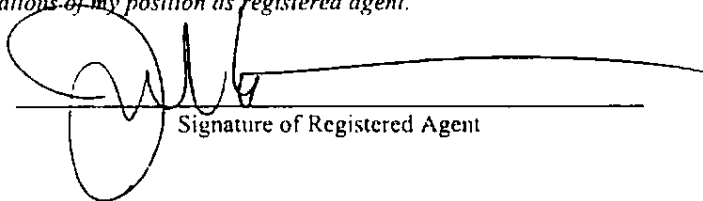
1. NIKKI & FAMILY RETIREMENT, LLLP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 3150 SW 38 Avenue, Suite 900 Miami, Florida 33146
(Street address of initial designated office)

3. JONATHAN H. GREEN & ASSOCIATES, P.A.
(Name of Registered Agent for Service of Process)

4. 901 Ponce de Leon Boulevard, Suite 601
(Florida street address for Registered Agent)
Coral Gables, Florida 33134

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. _____
(Mailing address of initial designated office)
3150 SW 38 Avenue, Suite 900 Miami, Florida

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

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8. Name and business address of each general partner:

Name:

Business Address:

NIKKI & FAMILY RETIREMENT GP, LLC

3150 SW 38 Avenue, Suite 900

Miami, Florida 33146

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 17th day of February, 2023

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.

By: NIKKI & FAMILY RETIREMENT GP, LLC, a Florida limited liability company, GENERAL PARTNER (L23000074642)

By: NIKKI & FAMILY RETIREMENT MGR, LLC, MANAGER

By:

MANAGER

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