

A1500000545

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07/29/15--01008--004 **1061.25

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DIVISION OF CORPORATIONS

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2015 JUL 29 A 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2015

FLORIDA RESEARCH & FILING SERVICES, INC.

SUBJECT: SANDIFORD INVESTMENTS, LLLP
Ref. Number: W15000051622

We have received your document for SANDIFORD INVESTMENTS, LLLP and your check(s) totaling \$1061.25. 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.

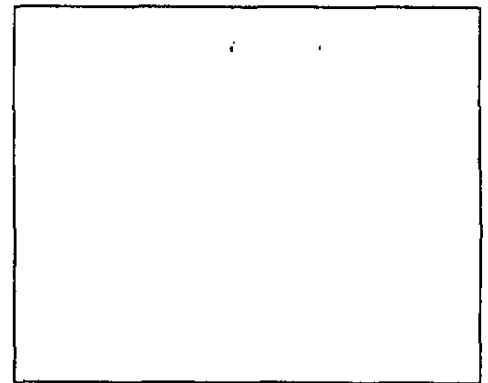
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 915A00016014

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)364-8000



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

SANDIFORD INVESTMENTS, LLLP

CK#21789 FOR \$1061.25

PLEASE FILE THE ATTACHED LIMITED PARTNERSHIP & RETURN THE
FOLLOWING:

XXX CERTIFIED COPY

___ STAMPED COPY

XXX CERTIFICATE OF STATUS

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

FOR

FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. SANDIFORD INVESTMENTS, LLLP
Name of Limited Liability Limited Partnership
2. 1643 Brickell Avenue, Unit 2205, Miami, Florida 33129
(Street Address of initial designated office)
3. Atrium Registered Agents, Inc.
(Name of Registered Agent for Service of Process)
4. 1500 San Remo Ave., Suite 125, Coral Gables, Florida, 33146
(Florida street address for Registered Agent)
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.

Atrium Registered Agents, Inc.

By: Robert A. Stamen
Robert A. Stamen, Vice President

6. 1500 San Remo Ave., Suite 125, Coral Gables, Florida 331346
(Mailing address of the initial designated office)
7. **The limited partnership hereby elects to be a limited liability limited partnership.**
8. Name and business address of the general partner:

SANDIFORD FAMILY TRUST
JAMES FINN, Trustee
1643 Brickell Avenue, Unit 2205
Miami, Florida 33129

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TALLAHASSEE, FLORIDA

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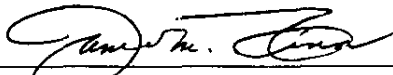
**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP
OF SANDIFORD INVESTMENTS, LLLP**

9. Effective date: Date of filing.

Signed this 29 day of July, 2015.

Signature of General Partner:

SANDIFORD FAMILY TRUST
General Partner

By: 
JAMES FINN, Trustee

I submit this document and affirm that the facts stated herein are true. I am 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.

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