

A15000000699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

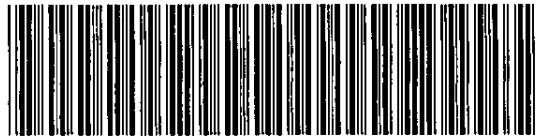
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400278042994

10/15/15--01001--016 \*\*1061.25

RECEIVED

2015 OCT 27 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

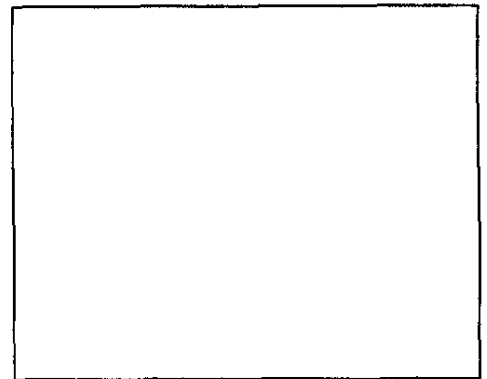
2015 OCT 27 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 29 2015  
J. HARRIS

PROCESS 2ND

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



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

VENTURA FAMILY PARTNERSHIP, LLLP

CK# 14191 FOR \$1061.25

PLEASE FILE THE ATTACHED LIMITED PARTNERSHIP & RETURN THE  
FOLLOWING:

☒ XXX CERTIFIED COPY

☐ STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. VENTURA FAMILY PARTNERSHIP, LLLP  
(Name of Limited Partnership or Limited Liability 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. 7529 Bounty Avenue, North Bay Village, FL 33141  
(Street Address of initial designated office)
3. Atrium Registered Agents, Inc.  
(Name of Registered Agent for Service of Process)
4. 1500 San Remo Avenue, 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: 

Vice President

6. 7529 Bounty Avenue, North Bay Village, FL 33141  
(Mailing address of the initial designated office)
7. If the limited partnership elects to be a limited liability limited partnership check:  
☒ Yes ☐ No
8. Name and business address of the general partner:

Ventura Family *Management, LLC*  
Eusebia Ruben,  
7529 Bounty Avenue  
North Bay Village, FL 33141

*L15000181627*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 OCT 27 AM 9:36

FILED

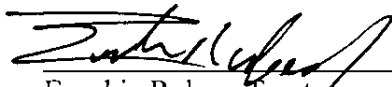
Ventura Family Partnership LLLP  
Page 2

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 13<sup>th</sup> day of October, 2015.

Signature of each general partner: 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.

VENTURA FAMILY MANAGEMENT, LLC  
General Partner

By:   
Eusebia Ruben, \_\_\_\_\_

FILED  
2015 OCT 27 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA