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Division of Corporations

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Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

(3) 3/28 FL LP  
LLP

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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE  
Account Number : 072731001155  
Phone : (813) 253-2020  
Fax Number : (813) 251-6711

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DIVISION OF CORPORATION

FLORIDA/FOREIGN LP/LLP

Florida Closing Company, LLLP

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

05/16/2006 11:05:59  
FAX

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

**1. Florida Closing Company, 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. 250 South Central Boulevard, Suite 104-A, Jupiter, Florida 33458**

*(Street address of initial designated office)*

**3. Cathleen Scott**

*(Name of Registered Agent for Service of Process)*

**4. 250 South Central Boulevard, Suite 104-A, Jupiter, Florida 33458**

*(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.*

  
\_\_\_\_\_  
Signature of Registered Agent

**6. 250 South Central Boulevard, Suite 104-A, 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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## 8. Name and business address of each general partner:

Name:

Business Address:

Cathleen Scott250 South Central Boulevard, Suite 104-AJupiter, Florida 33458

## 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 24 day of March, 2006

Signature of each general partner:

Cathleen Scott

## Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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