

AD60000000942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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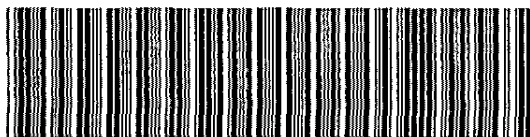
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DB

Enclosed is a check for the amount of \$1000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee).

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

Name of Limited Liability Limited Partnership:

RICHDEN, LLLP

Street address of LLLP designated office:

1205 KINGS WAY DRIVE, NOKOMIS, FL 34275-1892

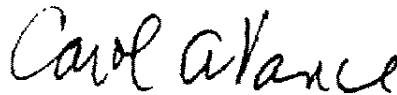
Name of Registered Agent for Service of Process:

CAROL A. VANCE, ESQ.

Florida street address for Registered Agent:

411 55th Avenue, St. Pete Beach, FL 33706

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)

LLLP mailing address:

1205 KINGS WAY DRIVE, NOKOMIS, FL 34275-1892

Limited partnership elects to be a limited liability limited partnership.

Name and business address of each general partner:


**RICHDEN, INC.
1205 KINGS WAY DRIVE
NOKOMIS, FL 34275-1892**

PC-45007

Effective date, if other than date of filing: _____

Signed this 23rd day of July, 2006.

Signature of each General Partner:



RICHDEN, INC. – General Partner
Denise V. Sorace, President

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