

A06000001143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

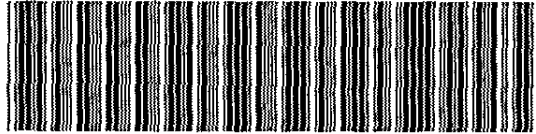
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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9/27/06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Sirucek Family Limited Liability Limited Partnership
(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:

F. Thomas Hopkins

(Contact Person)

Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.

(Firm/Company)

2033 Main Street, Suite 600

(Address)

Sarasota, FL 34237

(City, State and Zip Code)

For further information concerning this matter, please call:

F. Thomas Hopkins

(Name of Contact Person)

at (941) 953-8109

(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

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TALLAHASSEE, FLORIDA

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

1. The Sirucek Family Limited Liability Limited Partnership

(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. 955 Starling Drive, Celebration, FL 34747

(Street address of initial designated office)

3. Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.

(Name of Registered Agent for Service of Process)

4. c/o F. Thomas Hopkins

(Florida street address for Registered Agent)

2033 Main Street, Suite 600, Sarasota, FL 34237

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.

Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.

By: 

Signature of Registered Agent F. Thomas Hopkins, its V.P.

6. 955 Starling Drive, Celebration, FL 34747

(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:

Jiri Sirucek

955 Starling Drive, Celebration, FL 34747

Irina Sirucek

955 Starling Drive, Celebration, FL 34747

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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 5th day of September, 2006

Signature of each general partner:

Jiri Sirucek
Irina Sirucek

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75