

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

**A06000001215**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H06000247321 3)))



H060002473213ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : MACKEY LAW GROUP, P.A.  
Account Number : I20040000176  
Phone : (941)746-6225  
Fax Number : (941)748-6584

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 OCT 18 AM 11:09

**FLORIDA/FOREIGN LP/LLP**

**LIK, LLLP**

RECEIVED  
06 OCT 18 AM 11:01  
DIVISION OF CORPORATION

Certificate of Status	1
Certified Copy	1
Page Count	5
Estimated Charge	\$1,061.25

Electronic Filing Menu

Corporate Filing Menu

Help

*DB*



October 10, 2006

L1K, LLLP  
8223 U.S. HIGHWAY 301  
BRADENTON, FL 34219

SUBJECT: L1K, LLLP  
REF: W06000044376

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 OCT 18 AM 11:09

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

As of January 1, 2006, the Statement of Qualification is no longer filed separately, nor do we file the Partnership Agreement. Please go to our web site at [www.sunbiz.org](http://www.sunbiz.org) and see the Certificate of Limited Partnership for further instructions.,

Effective January 1, 2006, Chapter 620, Florida Statutes, does not require or permit the filing of an "Affidavit of Capital Contributions." Therefore, you must re-fax the document without the "Affidavit of Capital Contributions" attached.

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) 245-6984.

Deborah Bruce  
Document Specialist

FAX Aud. #: H06000247321  
Letter Number: 506A00060148

(H6000247321)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** L1K, LLLP

(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:

Leslie Wells, President

(Contact Person)

Leslie Wells Realty, Inc.

(Firm/Company)

8223 US Highway 301 N

(Address)

Parrish, Florida 34219

(City, State and Zip Code)

For further information concerning this matter, please call:

Leslie Wells

(Name of Contact Person)

at ( 941 ) 776-5571

(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

CR2E030 (01/06)

(H6000247321 3)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 OCT 18 AM 11:09

(H06000247321 3)

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

1. L1K, 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. 8223 US Highway 301, Parrish, Florida 34219

*(Street address of initial designated office)*

3. Leslie Wells, President of Leslie Wells Realty, Inc.

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

4. 8223 US Highway 301, Parrish, Florida 34219

*(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.*

Leslie Powell

*Signature of Registered Agent*

6. 8223 US Highway 301, Parrish, Florida 34219

*(Mailing address of initial designated office)*

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

(H06000247321 3)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 OCT 18 AM 11:09

• (h06000247321 3)

**8. Name and business address of each general partner:**

**Name:**

**Business Address:**

**Leslie Wells, as President of Leslie Wells Realty, Inc.**

**8223 US Highway 301, Parrish, Florida 34219**

FILED  
SECRETARY OF STATE  
DIVISION OF COST ACCOUNTING  
2006 OCT 18 AM 11:09

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 10 day of October, 2006

**Signature of each general partner:**

Yours Truly

### Filing Fees:

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**

Page 2 of 2

(H06000247321 3)