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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

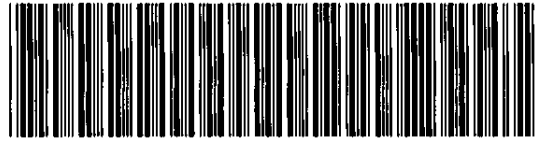
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Peej-Art Productions, 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:

Mandy Pavlakos

(Contact Person)

Law Office of Mandy Maloy-Pavlakos, P.A

(Firm/Company)

1403 Medical Plaza Drive Suite 214

(Address)

Sanford, FL 32771

(City, State and Zip Code)

For further information concerning this matter, please call:

Mandy Pavlakos

(Name of Contact Person)

at (407) 688-1301 Ext 2

(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)

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

1. Peej-Art Productions, 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. 2515 Milton Ave.

(Street address of initial designated office)

New Smyrna Beach, FL 32168

3. Paul Tierney

(Name of Registered Agent for Service of Process)

4. 2515 Milton Ave.

(Florida street address for Registered Agent)

New Smyrna Beach, FL 32168

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. 2515 Milton Ave.

(Mailing address of initial designated office)

New Smyrna Beach, FL 32168

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

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DIVISION OF CORPORATIONS

8. Name and business address of each general partner:

Name:

Business Address:

Paul Tierney

2515 Milton Ave.

New Smyrna Beach, FL 32168

Sabrina DeJesus

2515 Milton Ave.

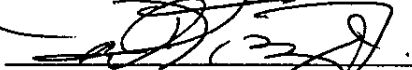
New Smyrna Beach, FL 32168

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 14th day of April.

Signature of each general partner:



Sabrina DeJesus

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75