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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

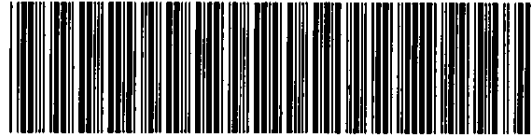
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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A07-820
OK

HELWIG & TODD, P.A.
ATTORNEYS AT LAW

GRIFFIN HELWIG
PATRICIA HELWIG TODD

TELEPHONE (904) 268-7155
(904) 384-9005
FAX: (904) 268-3209

1528 STOCKTON STREET
JACKSONVILLE, FLORIDA 32204

EMAIL: GHELWIG@HELWIGANDTODD.COM
PHTODD@HELWIGANDTODD.COM

June 20, 2007

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32399

Re: **Riverdale Partners, LLLP**

Dear Sir/Madam:

I have enclosed the original and a copy of the Cover Letter and Certificate of Limited Partnership for Limited Liability Limited Partnership for **Riverdale Partners, LLL**, to be filed.

Also enclosed is the firm's check in the amount of \$1,000.00 for the cost of Filing and Registered Agent Fee.

Please forward to me at the above address.

Thank you for your assistance in this matter.

Very truly yours,


Griffin Helwig 181

GH/jly

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Riverdale Partners, L.L.L.P.
(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:

Griffin Helwig, Esquire
(Contact Person)

Helwig & Todd, P.A.
(Firm/Company)

1528 STOCKTON STREET
(Address)

Jacksonville FL 32204
(City, State and Zip Code)

For further information concerning this matter, please call:

Griffin Helwig at (904) 268-7155
(Name of Contact Person) (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

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

1. Riverdale Partners, L.L.L.P.

(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. 4850 RIVERDALE ROAD
(Street address of initial designated office)

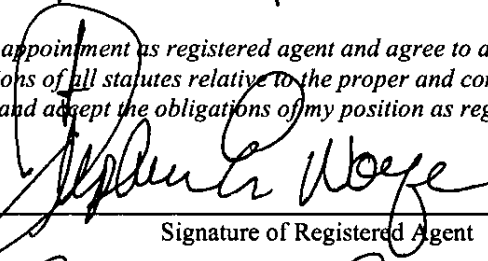
JACKSONVILLE, FL 32210

3. STEPHEN E. WOLFE
(Name of Registered Agent for Service of Process)

4. 4850 Riverdale Road
(Florida street address for Registered Agent)

Jacksonville, FL 32210

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. 4850 Riverdale Road
(Mailing address of initial designated office)

Jacksonville, FL 32210

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:

Riverdale Partners, LLC
67-55369

same

9. Effective date, if other than the date of filing:

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 20TH day of JUNE, 2007.

Signature of each general partner:

Riverdale Partners, LLC

by Stephen E. Wolte, MGRM
[Signature] MGRM

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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TALLAHASSEE, FLORIDA

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