

A0700000903

Florida Department of State
Division of Corporations
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((H07000189536 3)))



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To:

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

From:

Account Name : KIRK PINKERTON, A PROFESSIONAL ASSOCIATION
Account Number : 071670002600
Phone : (941) 364-2481
Fax Number : (941) 364-2490

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 JUL 25 AM 8:58

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FLORIDA/FOREIGN LP/LLP

1716 CK, LLLP

Certificate of Status	0
Certified Copy	1
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7/25/2007

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1716 CK, 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:

Douglas J. Elmore, Esq.

(Contact Person)

Kirk Pinkerton, P.A.

(Firm/Company)

P.O. Box 3798

(Address)

Sarasota, FL 34230

(City, State and Zip Code)

For further information concerning this matter, please call:

Douglas J. Elmore

(Name of Contact Person)

at (941)

364-2402

(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)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

1. 1716 CK, 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. 50 Central Avenue, Suite 700

(Street address of initial designated office)

Sarasota, FL 34236

3. Timothy S. Shaw

(Name of Registered Agent for Service of Process)

4. 50 Central Avenue, Suite 700

(Florida street address for Registered Agent)

Sarasota, FL 34236

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. 50 Central Avenue, Suite 700

(Mailing address of initial designated office)

Sarasota, FL 34236

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

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TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

Casey Key Realty Holdings, LLC

50 Central Avenue, Suite 700

Sarasota, FL 34236

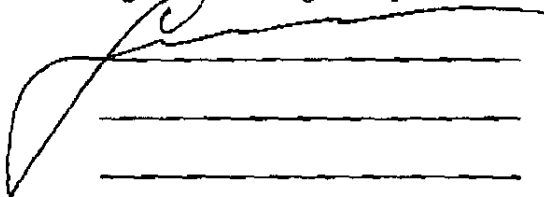
W7-74491

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 23rd day of July, 2007

Signature of each general partner:



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TALLAHASSEE, FLORIDA

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Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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