

A07000000949

(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:

Office Use Only



900106884499

2007 AUG -7 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/07/07--01013--015 **1432.50

A07-949
OK

**CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP
OF
BOCA TRIPLE E LLLP**

1. BOCA TRIPLE E LLLP

(name of Limited Liability Limited Partnership must contain a suffix such as "Limited Liability Limited Partnership", "L.L.L.P." or "LLLP")

2. 2799 NW Boca Raton Blvd., Suite 203, Boca Raton, FL 33431

(The business address of the Limited Partnership)

3. Steven A. Sciarretta, Esquire

(Name of Registered Agent for Service of Process)

4. 2799 NW Boca Raton Blvd., Suite 203, Boca Raton, FL 33431

(Florida street address of 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.

(Registered Agent must sign here to accept designation as Registered Agent)

6. Set forth on Line #2

(The mailing address of the Limited Partnership)

7. This Limited Partnership elects to be a Limited Liability Limited Partnership.

8. NAME OF GENERAL PARTNER

SPECIFIC ADDRESS

BOCA TRIPLE E MANAGEMENT LLC

2799 NW Boca Raton Blvd.
Suite 203
Boca Raton, FL 33431

9. The effective date of this limited liability limited partnership shall be the date of filing.

Signed this 3rd day of August, 2007
Signature of General Partner:

Steven A. Sciarretta
On behalf of Boca Triple E Management, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 AUG -7 AM 10:52

FILED

107-81625