

# A07000060999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

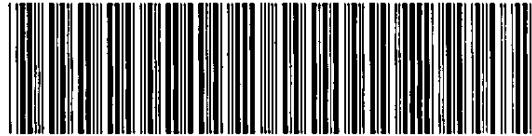
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**FILED**  
07 AUG 24 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**  
DIVISION OF STATE  
CORPORATIONS  
2007 AUG 24 AM 9:47  
TO ACKNOWLEDGE  
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Sonotek Research

\* Requester's Name

Address

City/State/Zip

Phone #

656-5454

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. PJ Investment Partners  
(Corporation Name) (Document #)

2. LLP  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time \_\_\_\_\_ ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability LP  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

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

**FILED**  
07 AUG 24 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. (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.

PJ INVESTMENT PARTNERS, LLLP

2. (Street address of initial designated office)

1009 Adams Drive, Key Largo, FL 33037

3. (Name of Registered Agent for Service of Process)

Peter M. Hosford

4. (Florida street address for Registered Agent)

1009 Adams Drive, Key Largo, FL 33037

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. (Mailing address of initial designated office)

1009 Adams Drive, Key Largo, FL 33037

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

8. Name and business address of each general partner:

Name:

Business Address:

Peter M. Hosford and Jean M. Hosford,  
as Co-Trustees of the Peter M. Hosford  
Revocable Trust Agreement dated  
November 6, 2001

1009 Adams Drive  
Key Largo, FL 33037

Jean M. Hosford and Peter M. Hosford,  
as Co-Trustees of the Jean M. Hosford  
Revocable Trust Agreement dated  
November 6, 2001

1009 Adams Drive  
Key Largo, FL 33037

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

*(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 21 day of Aug, 2007.

Signature of each general partner:

Peter M. Hosford Revocable Trust  
Agreement dated November 6, 2001

By: [Signature]  
Peter M. Hosford, Co-Trustee

By: [Signature]  
Jean M. Hosford, Co-Trustee

Jean M. Hosford Revocable Trust  
Agreement dated November 6, 2001

By: [Signature]  
Jean M. Hosford, Co-Trustee

By: [Signature]  
Peter M. Hosford, Co-Trustee

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

**Certified Copy (optional): \$52.50**

**Certificate of Status (optional): \$8.75**