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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

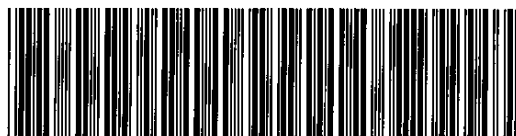
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07/30/07--01053--026 **1008.75

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

W07-34968

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July 27, 2007

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Leroy and Skillet, LLLP

Dear Sir/Madam:

Enclosed please find the following:

1. Certificate of Limited Partnership for Leroy and Skillet, LLLP; and
2. Check in the amount of \$1,008.75, payable to Florida Department of State, Division of Corporations for filing fees and Certificate of Status. A self addressed stamped envelope is provided for your convenience.

If you should have any questions, please feel free to call me.

Sincerely,


DANIELLE R. BURNS

DRB/

Enclosures
cc: Donald R. Tescher, Esq. (w/o enclosure)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2007

TESCHER GUTTER CHAVES JOSEPH RUBIN RUFFIN & FORMAN, P
2101 CORPORATE BLVD.
BOCA RATON, FL 33431

SUBJECT: LEROY AND SKILLET, LLLP
Ref. Number: W07000036968

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for LEROY AND SKILLET, LLLP and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A general partner must sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 807A00047462

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

1. LEROY AND SKILLET, 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. 1043 Adams Street

(Street address of initial designated office)

Hollywood, FL 33019

3. M &W Agents, Inc.

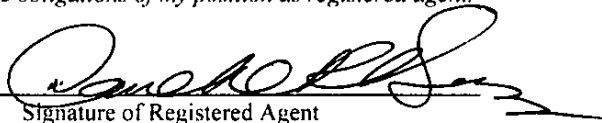
(Name of Registered Agent for Service of Process)

4. 2101 Corporate Blvd., Suite 107

(Florida street address for Registered Agent)

Boca Raton, FL 33431

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. 1043 Adams Street

(Mailing address of initial designated office)

Hollywood, FL 33019

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Just Got Paid, LLC

1043 Adams Street

Hollywood, FL 33019

207-74751

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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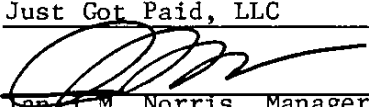
9. Effective date, if other than the date of filing: _____.

(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 10 day of September, 2007.

Signature of each general partner:

Just Got Paid, LLC

By: 
Ian J.M. Norris, Manager

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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