

A070000001076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

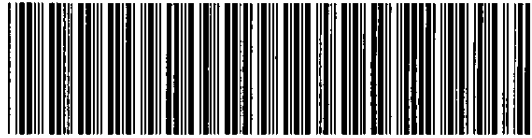
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LP

Office Use Only



000109084240

09/12/07--01016--019 **1052.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 12 AM 8:05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE POPKIN FAMILY, 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:

PATTI K. BABKA

(Contact Person)

COMITER, SINGER & BASEMAN, LLP

(Firm/Company)

3801 PGA BOULEVARD, SUITE 604

(Address)

PALM BEACH GARDENS, FL 33410

(City, State and Zip Code)

For further information concerning this matter, please call:

PATTI K. BABKA

(Name of Contact Person)

at (561) 626-2101

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees - ☐ \$1,008.75 Filing Fees ☒ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fees,
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and
\$35 Registered Agent Status and Certified Copy Certificate of Status
Fee)

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)

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

1. THE POPKIN FAMILY, 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. 2725 WINDMILL RANCH ROAD

(Street address of initial designated office)

WESTON, FLORIDA 33331

3. MICHAEL S. SINGER, ESQ.

(Name of Registered Agent for Service of Process)

4. 3801 PGA BOULEVARD, SUITE 604

(Florida street address for Registered Agent)

PALM BEACH GARDENS, FLORIDA 33410

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. 2725 WINDMILL RANCH ROAD

(Mailing address of initial designated office)

WESTON, FL 33331

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE & BUSINESS SERVICES
07 SEP 12 AM 8:05

8. Name and business address of each general partner:

Name:

Business Address:

POPKIN GP, LLC

2725 Windmill Ranch Road

Weston, Florida 33331

LD7-86783

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 29th day of August, 2007.

Signature of each general partner:

Matthew Popkin

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75