

A07000001087

(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



200108465982

08/31/07--01025--018 \*\*1000.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 SEP 17 PM 2:16

007-43426

T. Hampton SEP 17 2007

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PLS SUTHERLAND 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:

KAREL OUREDNIK IV, ESQUIRE

(Contact Person)

OUREDNIK LAW OFFICES, P.A.

(Firm/Company)

4925 Beach Blvd.

(Address)

Jacksonville, FL 32207

(City, State and Zip Code)

For further information concerning this matter, please call:

Karel Ourednik, Esquire at ( 904 ) 396-8080

(Name of Contact Person)

(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)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2007

KAREL OUREDNIK, IV, ESQ  
OUREDNIK LAW OFFICES, PA  
4925 BEACH BLVD  
JACKSONVILLE, FL 32207

SUBJECT: SUTHERLAND LLLP  
Ref. Number: W07000043476

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 SEP 17 PM 12:31

RECEIVED

We have received your document for SUTHERLAND LLLP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Document Specialist  
Registration/Qualification Section

Letter Number: 207A00052599

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

1. PLS SUTHERLAND 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. 8130 Baymeadows Circle West, Suite 212, Jacksonville, FL 32256

(Street address of initial designated office)


3. PAUL SUTHERLAND

(Name of Registered Agent for Service of Process)

4. 8130 Baymeadows Circle West, Suite 212, Jacksonville, FL 32256

(Florida street address for 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.*



Signature of Registered Agent

6. 8130 Baymeadows Circle West, Suite 212, Jacksonville, FL 32256

(Mailing address of initial designated office)

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:

PAUL SUTHERLAND

8130 Baymeadows Circle West, Suite 212, Jacksonville, FL 32256

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

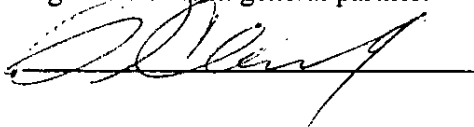
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 SEP 17 PM 2:16

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 9-14 day of September, 2007

Signature of each general partner:

  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Filing Fees:** \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75  
Page 2 of 2