

A07000001126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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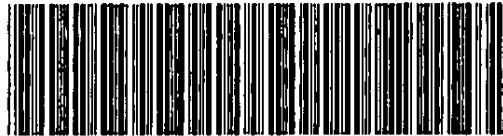
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A07-1126
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JOHN FENNIMAN, CHARTERED

ATTORNEY AT LAW
308 S.E. FLORIDA AVE. (34994)
POST OFFICE BOX 2455

STUART, FLORIDA 34995-2455

JOHN FENNIMAN

TELEPHONE
772-287-4300

September 26, 2007

State of Florida
Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, Florida 32301

VIA FEDERAL EXPRESS

1.800.755.5111

RE: SCHICKEDANZ OAKTON BUILDING GROUP, LLLP

Gentlemen:

Enclosed for filing is the **Certificate of Limited Partnership for SCHICKEDANZ OAKTON BUILDING GROUP, LLLP**. Please furnish this office with a Certified Copy of the Certificate of Limited Partnership, together with a Certificate of Status of the newly formed limited liability limited partnership in the Federal Express envelope enclosed. Our firm's check payable to the Secretary of State in the amount of \$1,061.25 is enclosed for fees as follows:

Filing Fee	\$ 965.00
Registered Agent Fee	35.00
Certificate of Status	8.75
Certified Copy	<u>52.50</u>
Total	<u>\$1,061.25</u>

Should you have any questions or need additional information, please contact the undersigned at (772) 287-4300.

Sincerely,



John Fenniman

JF/pkr

Enclosures

cc (w/enc.): W. K. Schickedanz
G. H. Schickedanz
Michael Smolak

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

1. SCHICKEDANZ OAKTON BUILDING GROUP, 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. 7741 N. Military Trail, Suite 1

(Street address of initial designated office)

Palm Beach Gardens, FL 33410

3. W.K. Schickedanz

(Name of Registered Agent for Service of Process)

4. 7741 N. Military Trail, Suite 1

(Florida street address for Registered Agent)

Palm Beach Gardens, FL 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.*

W.K. Schickedanz

Signature of Registered Agent

6. 7741 N. Military Trail, Suite 1

(Mailing address of initial designated office)

Palm Beach Gardens, FL 33410

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:

G.H. Schickedanz

7741 N. Military Trail, Suite 1

Palm Beach Gardens, FL 33410

W.K. Schickedanz

7741 N. Military Trail, Suite 1

Palm Beach Gardens, FL 33410

Michael Smolak

7741 N. Military Trail, Suite 1

Palm Beach Gardens, FL 33410

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 25th day of September, 2007

Signature of each general partner:

W.K. Schickedanz
G. Schickedanz

Michael Smolak

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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