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ALLAHASSEE, FLORIDA

#### **COVER LETTER**

TO:

CR2E030 (01/06)

Registration Section

**Division of Corporations** SUBJECT: Seymour and Pearl Gordon Family Limited Liability Limited Partnership (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: Patricia E. Alecio (Contact Person) Jonathan H. Green & Associates, P.A. (Firm/Company) 799 Brickell Plaza, Suite 700 (Address) Miami, FL 33131 (City, State and Zip Code) For further information concerning this matter, please call: at (\_305\_) 372-5100 Patricia E. Alecio (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: \$1,000.00 Filing Fees \$\int \$1,008.75 Filing Fees \$\int \$1,052.50 Filing Fees \$\int \$1,061.25 Filing Fees, (\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and \$35 Registered Agent Certificate of Status Status Fee) STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

### CERTIFICATE OF LIMITED PARTNERSHIP

#### OF THE SEYMOUR AND PEARL GORDON

#### FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

THIS CERTIFICATE is duly executed and filed pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986), as amended (the "Act"), in order to form a limited partnership under the Act.

- (a) Name. The name of the subject limited partnership is the SEYMOUR AND PEARL GORDON FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP (the "Partnership").
- **Recordkeeping Office.** The address of the office at which the Partnership shall keep the records required to maintained under the Act is:

1201 South Ocean Drive, #1601-North Hollywood, Florida 33019

**Registered Agent; Registered Office.** The name and address of the agent for service of process on the Partnership required to be maintained under the Act are:

Jonathan H. Green & Associates, P.A. 799 Brickell Plaza, Suite 700 Miami, FL 33131

(c) General Partner. The name and business address of the General Partner(s) are:

#### SEYMOUR GORDON

(d) <u>Mailing Address</u>. The mailing address of the Partnership is:

1201 South Ocean Drive, #1601-North Hollywood, Florida 33019

(e) <u>Term.</u> The latest date upon which the Partnership is to dissolve December 31, 2057.

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(f) <u>Election</u>. If limited partnership elects to be a limited liability limited partnership, check box

IN WITNESS WHEREOF, the general partner has duly executed this

Certificate, this 5th day of October, 2007.

WITNESSES:

Print name: Recel Tolly

SEYMOUR GORDON, General Partner

Print name: STrutture Green

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## CONSENT FO SERVE AS REGISTERED AGENT FOR THE SEYMOUR AND PEARL GORDON FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Having been appointed to serve in the State of Florida as the registered agent of, and to accept service of process for, the SEYMOUR AND PEARL GORDON FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP, the undersigned hereby accepts said appointment and agrees to serve as said registered agent. The undersigned further agrees to comply with the provisions of all Florida statutes relative to the proper and complete performance of the undersigned's duties, and hereby acknowledges that the undersigned is familiar with and accepts the obligation of the undersigned's position as said registered agent.

Dated: OCTOBER 5th, 2007.

JONATHAN H. GREEN & ASSOCIATES, P.A.

a Florida Corporation

JONATHAN H. GREEN

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