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(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:

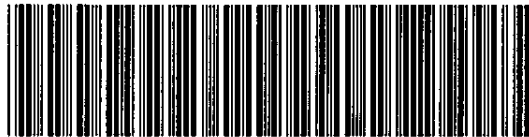
L. SELLERS

JAN 31 2008

EXAMINER

~~WILLIAM~~

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2008 JAN 30 AM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: W V J PARTNERS, 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:

William V. Johnson

(Contact Person)

(Firm/Company)

833 Country Club Lane

(Address)

Northbrook, IL 60062

(City, State and Zip Code)

For further information concerning this matter, please call:

Brooke B. Peppey

at (

847

446-2900

(Name of Contact Person)

(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 Fee) 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

January 4, 2008

WILLIAM V. JOHNSON
833 COUNTRY CLUB LANE
NORTHBROOK, IL 60062

SUBJECT: W V J PARTNERS, LLLP
Ref. Number: W08000000622

We have received your document for W V J PARTNERS, 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 proper suffix on the limited partnership is outlined on the document. Please amend your document accordingly.,

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 608A00000715

JOHNSON & BELL Ltd.
Attorneys at Law

January 22, 2008

SUITE 2700
33 WEST MONROE STREET
CHICAGO, IL 60603-5404
TELEPHONE: (312) 372-0770
FACSIMILE: (312) 372-9818

SUITE A
9000 INDIANAPOLIS BLVD.
HIGHLAND, IN 46392-2501
TELEPHONE: (219) 923-5250
FACSIMILE: (219) 923-6170

SUITE 200
325 WASHINGTON STREET
WAUKEGAN, IL 60085-5572
TELEPHONE: (847) 662-7458
FACSIMILE: (847) 662-7366

WWW.JOHNSONANDBELL.COM

WRITER'S DIRECT DIAL NUMBER

(312) 984-0218
johnsonw@jbltd.com

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

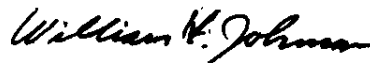
Gentlemen:

Enclosed herewith is a copy of your letter of January 4, 2008 and the Certificate of Limited Partnership for Florida Limited Partnership of WVJ Partners, LLLP. The attached form was returned to us for corrections in that the original designation was LLP, which was incorrect.

Also, the filing date has been changed, as per your letter to the date of filing.

I trust this is satisfactory. If there are further questions, please let me know as soon as possible. Thank you.

Very truly yours,



William V. Johnson

WVJ/lf
Enclosure
Doc No: 1787131

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

1. W V J PARTNERS, L.L.P.

(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. 549 Buttonwood Bay Road

(Street address of initial designated office)

Boca Grande, FL 33921

3. Diane D. Johnson

(Name of Registered Agent for Service of Process)

4. 549 Buttonwood Bay Road

(Florida street address for Registered Agent)

Boca Grande, FL 33921

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.

x Diane D. Johnson
Signature of Registered Agent

6. 549 Buttonwood Bay Road

(Mailing address of initial designated office)

Boca Grande, FL 33921

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:Diane D. Johnson549 Buttonwood Bay Road ^{AL} Drive ^{AL}Boca Grande, FL 33921William V. Johnson and William v. Johnson Rev. Trust833 Country Club Lane ^{AL}Northbrook, IL 600629. Effective date, if other than the date of filing: 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 23rd day of December, 2007

Signature of each general partner:

Diane D. Johnson

Diane D. Johnson, individually and as trustee of Diane D. Johnson Rev. Trust

549 Buttonwood Bay Dr Boca Grande, FL 33921William V. Johnson

William V. Johnson, individually and as trustee of William V. Johnson Rev. Trust

833 Country Club Lane, Northbrook, IL 60062

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JAN 30 AM 2:5

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