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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

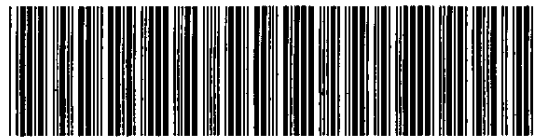
Special Instructions to Filing Officer:

L. SELLERS

JUL 31 2008

EXAMINER

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAVYON 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:

LAWRENCE H. FEDER, ESQ

(Contact Person)

LAWRENCE H. FEDER, ESQ

(Firm/Company)

3900 HOLLYWOOD BLVD. STE 103

(Address)

HOLLYWOOD FL 33021

(City, State and Zip Code)

For further information concerning this matter, please call:

LAWRENCE H. FEDER, ESQ at (954) 962 5571

(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)

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

1. SAVYON 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. 3749 Coventry Lane, Boca Raton, FL 33496

(Street address of initial designated office)

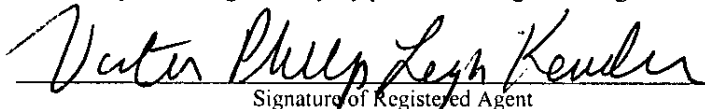
3. VICTOR PHILIP LEIGH KEVEHAZI

(Name of Registered Agent for Service of Process)

4. 3749 Coventry Lane, Boca Raton, FL 33496

(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. 3749 Coventry Lane, Boca Raton, FL 33496

(Mailing address of initial designated office)

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

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TALLAHASSEE FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

Victor Philip Leigh Kevehazi

Victor Philip Leigh Kevehazi

3749 Coventry Lane

Boca Raton, FL 33496

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 29 day of July, 2008.

Signature of each general partner:

Victor Philip Leigh Kevehazi

Victor Philip Leigh Kevehazi

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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