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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

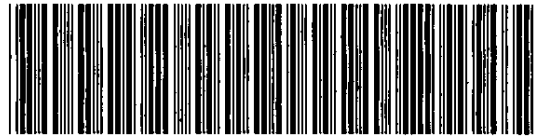
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 18 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAJAN FAMILY PARTNERSHIP, 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:

Matthew J. Monaghan, Esquire

(Contact Person)

Howze, Monaghan, Theriac & Kramer, PLC

(Firm/Company)

96 Willard St., Ste. 302

(Address)

Cocoa, FL 32922

(City, State and Zip Code)

ENCLOSED
FED EX PKG.
THANK YOU

For further information concerning this matter, please call:

Mary K. Hartney at (321) 639-1320 ext. 247
(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

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TALLAHASSEE, FLORIDA

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

1. RAJAN FAMILY PARTNERSHIP, 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. 2398 NEWFOUND HARBOR DR.

(Street address of initial designated office)

MERRITT ISLAND, FL. 32952

3. SARAVANA RAJAN

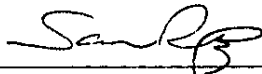
(Name of Registered Agent for Service of Process)

4. 2398 NEWFOUND HARBOR DR.

(Florida street address for Registered Agent)

MERRITT ISLAND, FL. 32952

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. 2398 NEWFOUND HARBOR DR.

(Mailing address of initial designated office)

MERRITT ISLAND, FL 32952

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

SARAVAN RAJAN

2398 NEWFOUND HARBOR DR., MERRITT ISLAND, FL 32952

AS CO-TRUSTEE OF THE SARAVANA
RAJAN TRUST DATED 10/29/1992
AND AS ~~CO-TRUSTEE OF THE SATHI~~
~~RAJAN TRUST DATED 10/29/1992~~

SATHI RAJAN

2398 NEWFOUND HARBOR DR., MERRITT ISLAND, FL 32952

AS CO-TRUSTEE OF THE SATHI RAJAN
TRUST DATED 10/29/1992 AND AS
CO-TRUSTEE OF THE SARAVANA
RAJAN TRUST DATED 10/29/1992

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 6th day of AUGUST, 2008

Signature of each general partner:

Saravan Rajan

Saravana Rajan as Co-Trustee
of the Saravana Rajan Trust
dated 10/29/1992 and as Co-
Trustee of the Sathi Rajan
Trust dated 10/29/1992

Sathi Rajan

Sathi Rajan as Co-Trustee
of the Sathi Rajan Trust
dated 10/29/1992 and as Co-
Trustee of the Saravana Rajan
Trust dated 10/29/1992

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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TALLAHASSEE, FLORIDA

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