

A09 0000000133

(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:

Office Use Only



300144568803

03/02/09--01021--019 **1061.25

T. CLINE

MAR - 3-2009

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAR -2 PM 12:21

FILED

**Transmittal**

To Florida Department of State
Firm Division of Corporations
Registration Section
Date Friday, February 27, 2009
Via Federal Express – Priority Delivery
Tracking No. 797373648717

Job Name/Project No.

We are Transmitting

- | | |
|---|---|
| <input type="checkbox"/> Shop Drawings | <input type="checkbox"/> Herewith |
| <input type="checkbox"/> Print/Copies | <input type="checkbox"/> Under separate cover |
| <input checked="" type="checkbox"/> Originals | <input type="checkbox"/> For your checking and approval |
| <input type="checkbox"/> Samples | <input type="checkbox"/> For your disposition |
| <input type="checkbox"/> Specifications | <input type="checkbox"/> Return ____ copies for our disposition |
| <input type="checkbox"/> Floppy/Zip Disk/CD | <input type="checkbox"/> |

Description

The following attachment includes 3 original signed copies of the Certificate of Limited Partnership or Limited Liability Partnership for filing and a check in the amount of \$1,061.25.

Remarks

Copies to

Sent By

Matthew T. Clear, AIA

FILED
2009 MAR -2 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HKS-SSI Joint Venture 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:

Mr. R. Craig Williams

(Contact Person)

HKS, Inc. dba HKS Architects, Inc.

(Firm/Company)

1919 McKinney Avenue

(Address)

Dallas, TX 75201

(City, State and Zip Code)

For further information concerning this matter, please call:

Craig Williams

(Name of Contact Person)

at (972) 969-3290

(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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

1. HKS-SSI Joint Venture 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. 225 E. Robinson Street, Suite 405

(Street address of initial designated office)

Orlando, FL 32801

3. Mr. Matthew T. Clear

(Name of Registered Agent for Service of Process)

4. 225 E. Robinson Street, Suite 405

(Florida street address for Registered Agent)

Orlando, FL 32801

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. 225 E. Robinson Street, Suite 405

(Mailing address of initial designated office)

Orlando, FL 32801

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:

HKS, Inc. dba HKS Architects, Inc.

1919 McKinney Avenue

845910

Dallas, TX 75201

Schenkel & Shultz, Inc.

200 E. Robinson Street, Suite 300

854421

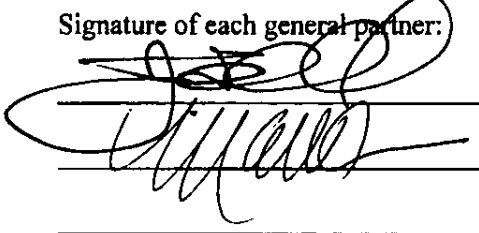
Orlando, FL 32801

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 27 day of February, 2009

Signature of each general partner:



THOMAS CHANDLER, NA

MATTHEW CLEARY

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

Page 2 of 2

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SECRETARY OF STATE
FLORIDA

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