

A090000000369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

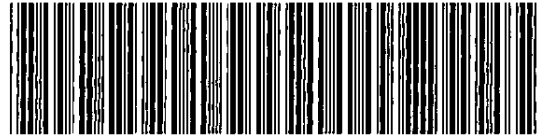
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900156747669

06/05/09--01035--019 \*\*1000.00

FILED  
09 JUN -5 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUN - 9 2009

EXAMINER

# Abrams Davis Mason Long llc

Attorneys At Law

1100 Peachtree Street  
Suite 2860  
Atlanta, Georgia 30309  
404.815.6060  
www.abramsdavis.com

direct dial 404 974 2571  
direct fax 678 904 9014  
MNeumeyer@abramsdavis.com

June 4, 2009

## VIA FEDERAL EXPRESS

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Frax and Company, LLLP (the "Partnership")

Dear Sir or Madam:


Enclosed for filing in your office are the following documents:

1. Cover Letter regarding the Partnership;
2. An original and two copies of the Certificate of Limited Partnership for the Partnership;
3. Our firm check in the amount of \$1,000.00 representing payment of the filing fees.

Please date-stamp one copy of the attached Certificate to evidence your receipt of this package and return to my attention in the envelope enclosed.

Thank you for your attention to this matter. If you have questions regarding this filing, please call me at 404-974-2571.

Very truly yours,



Marjke A. Neumeyer  
Paralegal

Enclosures

cc: Mary Balent Long  
Laura Traylor

**FILED**  
09 JUN -5 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Frax and Company, 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:

Laura B. Traylor  
Contact Person  
Abrams, Davis, Mason & Long, LLC  
Firm/Company  
1100 Peachtree Street, Suite 2860  
Address  
Atlanta, GA 30309  
City, State and Zip Code

max@bidzilla.com or maxstevens1985@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura B. Traylor at ( 404 ) 815-6257  
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

**FILED**  
09 JUN -5 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. Frax and Company, 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. 1305 US Highway 17 South  
(Street address of initial designated office)

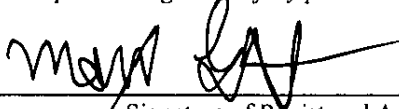
Bartow, FL 33830

3. Max Stevens  
(Name of Registered Agent for Service of Process)

4. 6632 NW 150th Avenue  
(Florida street address for Registered Agent)

Morriston, FL 32668

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. P.O. Box 570  
(Mailing address of initial designated office)

Bartow, FL 33831

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

**FILED**  
09 JUN -5 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Max Stevens

6632 NW 150th Avenue

Morrison, FL 32668

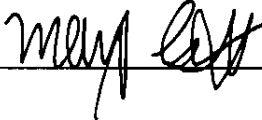
FILED  
09 JUN - 5 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 9<sup>th</sup> day of June, 2009.

Signature of each general partner:



**Filing Fees:** \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75