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Florida Department of State

Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : COMITER & SINGER, LLP  
Account Number : I200000000085  
Phone : (561) 626-4742  
Fax Number : (561) 626-4742

2009 JUN 19 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

## FLORIDA/FOREIGN LP/LLLP

POPPY C, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

RECEIVED

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TALLAHASSEE, FLORIDA

A. LUNT

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Corporate Filing Menu

JUN 22 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** POPPY C, 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:

ANDREW R. COMITER

Contact Person

COMITER, SINGER, BASEMAN & BRAUN, LLP

Firm/Company

3801 PGA BOULEVARD, SUITE 604

Address

PALM BEACH GARDENS, FL 33410

City, State and Zip Code

ACOMITER@COMITERSINGER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW R. COMITER

Name of Contact Person

at ( 561 ) 626-2101

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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 2009 JUN 19 AM 11:18  
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 TALLAHASSEE, FLORIDA

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

1. POPPY C, 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 L.L.P.

2. 3420 STALLION LANE  
(Street address of initial designated office)

WESTON, FL 33331, US

3. ACRAC, INC.  
(Name of Registered Agent for Service of Process)

4. 3420 STALLION LANE  
(Florida street address for Registered Agent)

WESTON, FL 33331, US

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. 3420 STALLION LANE  
(Mailing address of initial designated office)

WESTON, FL 33331, US

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:POPPY SENNACA, LLC3420 STALLION LANEWESTON, FL 33331, US

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## 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 18 day of JUNE, 2009.

Signature of each general partner:

POPPY SENNACA, LLC

BY:

Alan Cohan, MGRM

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75