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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

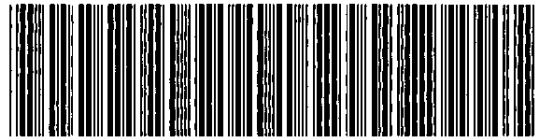
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TALLAHASSEE, FLORIDA

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M. THOMAS

JUL 9 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATLANTIS HOLDINGS, 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:

DONALD W. WALLIS
Contact Person
UPCHURCH, BAILEY & UPCHURCH, PA
Firm/Company
780 N. PONCE DE LEON BLVD
Address
ST. AUGUSTINE, FL 32084
City, State and Zip Code
dwallis@ubulaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONALD W. WALLIS at (904) 829-9066
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

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

1. ATLANTIS HOLDINGS, 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. 140 HISTORIC BRICK LANE
(Street address of initial designated office)

ST. AUGUSTINE, FL 32095

3. MANI S. PERUMAL
(Name of Registered Agent for Service of Process)

4. 140 HISTORIC BRICK LANE
(Florida street address for Registered Agent)

ST. AUGUSTINE, FL 32095

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. 140 HISTORIC BRICK LANE
(Mailing address of initial designated office)

ST. AUGUSTINE, FL 32095

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

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8. Name and business address of each general partner:

Name:

Business Address:

ATLANTIS GP, LLC

140 HISTORIC BRICK LANE

LO9 0000 66685

ST. AUGUSTINE, FL 32095

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TALLAHASSEE, FLORIDA

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9. Effective date, if other than the date of filing: 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 2nd day of JULY, 2009.

Signature of each general partner:

ATLANTIS GP, LLC

By: Mani S. Perumal

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75