

A09000000486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

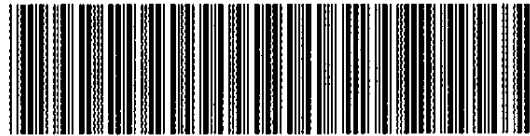
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/13/09--01001--002 **461.25

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

B. KOHR

JUL 10 2009

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Architecton
Management +
Consultation, LLLP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Art of Inc. File _____
☒ LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
☒ Cert. Copy _____
☒ Photo Copy _____
Certificate of Good Standing _____
☒ Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

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TALLAHASSEE, FLORIDA

Signature _____

Requested by: Seth

Date

Time

Name

Walk-In

Will Pick Up

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

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09 JUL 10 PM 3:05
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TALLAHASSEE, FLORIDA

1. ARCHITECKTON MANAGEMENT & CONSULTATION, 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.*

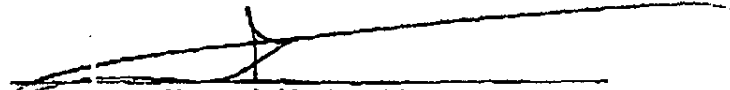
2. 1706 East Semoran Blvd, Suite 103, Apopka FL 32703
(Street address of initial designated office)

3. JEFFREY P. SHAPIRO
(Name of Registered Agent for Service of Process)

4. SHAPIRO RAMOS, professional association
(Florida street address for Registered Agent)

19 West Flagler Street, Suite 602, Miami FL 33130

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. 1706 Semoran Blvd., Suite 103, Apopka, FL 32703
(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

Name:

Business Address:

JJ USA MANAGEMENT
+ CONSTRUCTION, INC. JJ USA MANAGEMENT & CONS
P09000023831

984 Mercy Drive, #1, Orlando FL 32808
32808

CHARIS + DOXA
INTERNATIONAL, PLLC LU 9000000028

← CHARIS & DOXA INTERNATIONAL

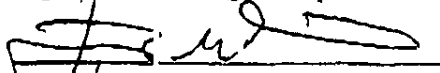
1706 East Semoran Blvd., Suite 103, Apopka
FL 32703

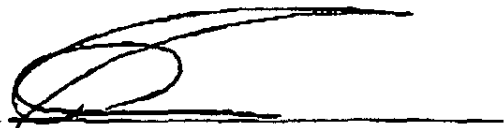
9. Effective date, if other than the date of filing: _____

(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 _____ day of _____

Signature of each general partner:


James McKnight


Jaime Yuken

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75