A09000004486

(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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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

Architeckton
Management +
Consultation, LLLP

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Signature

Requested by: Seth 7/10/09 1:30
Name Date Time

Walk-In Will Pick Up

- ___ Art of Inc. File
- X 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
- X Cert. Copy
- X Photo Copy
- ___ Certificate of Good Standing
- X 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

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

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 & CONS	984 Mercy Drive, #1, Orlando FL 3280 32808
CHARIS & DOXA INTERNATIONA	1706 East Semoran Blvd., Suite 103, Apopka Fl. 32703

JJ USA MANAGEMENT & CONSTRUCTION, INC. P09000023831

CHARIS & DOXA INTERNATIONAL, PLLC LU 9000000028

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 Yukon

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