

A090WU00817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

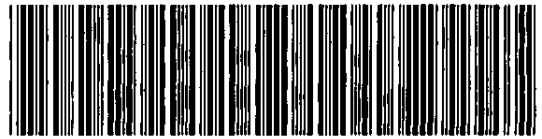
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B. KOHR

NOV 25 2009

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 NOV 23 AM 9:45

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ciaccia Investments, 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:

Dale A. Dettmer, Esq.

Contact Person

Krasny and Dettmer

Firm/Company

304 S. Harbor City Blvd, Suite 201

Address

Melbourne, FL 32901

City, State and Zip Code

larry.ciaccia@authentec.com

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

For further information concerning this matter, please call:

Debbie Campos

Name of Contact Person

at ( 321 ) 723-5646

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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DIVISION OF CORPORATIONS  
NOV 23 AM 9:45

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 NOV 23 AM 9:45

1. Ciaccia Investments, 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. 109 Lansing Island Dr  
(Street address of initial designated office)

Indian Harbour Beach, FL 32937

3. Lawrence J. Ciaccia  
(Name of Registered Agent for Service of Process)

4. 109 Lansing Island Dr  
(Florida street address for Registered Agent)

Indian Harbour Beach, FL 32937

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. 109 Lansing Island Dr  
(Mailing address of initial designated office)

Indian Harbour Beach, FL 32937

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

8. Name and business address of each general partner:

Name:

Business Address:

Lawrence J. Ciaccia

109 Lansing Island Dr

Indian Harbour Beach, FL 32937

Marcia R. Ciaccia

109 Lansing Island Dr

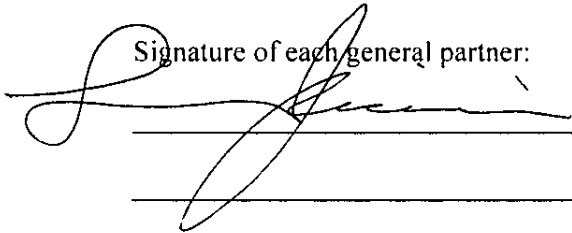
Indian Harbour Beach, FL 32937

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 17<sup>th</sup> day of November, 2005.

Signature of each general partner:



Marcia Ciaccia

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**