

A0910000000842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

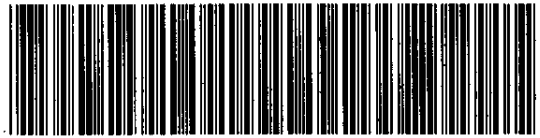
Special Instructions to Filing Officer:

L. SELLERS

DEC -7 2009

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE BLAKE FAMILY PARTNERSHIP, 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:

Brian A. Hart

Contact Person

The Hart Law Firm, P.A.

Firm/Company

255 Alhambra Circle, Suite 850

Address

Coral Gables, Florida 33134

City, State and Zip Code

bahart@hartattorneys.com

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

For further information concerning this matter, please call:

Brian A. Hart

Name of Contact Person

at (305) 444-6220

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

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

1. THE BLAKE FAMILY PARTNERSHIP, 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. 2809 S. Ocean Blvd.
(Street address of initial designated office)

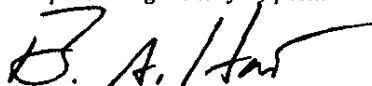
Highland Beach, Florida 33487

3. Brian A. Hart
(Name of Registered Agent for Service of Process)

4. 255 Alhambra Circle, Suite 850
(Florida street address for Registered Agent)

Coral Gables, Florida 33134

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. 2809 S. Ocean Blvd.
(Mailing address of initial designated office)

Highland Beach, Florida 33487

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:

Blake Family GP, LLC

633 SE 3rd Avenue, Suite 4-R

Fort Lauderdale, Florida 33301

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 30th day of November, 2009.

Signature of each general partner:

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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