

A10000000829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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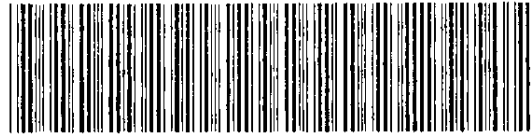
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DATE: 12-15-2010

NAME: THE MOOPS, L.L.L.P.

TYPE OF FILING: CERTIFICATE OF LIMITED PARTNERSHIP

COST: CK FOR \$1000.00 ATTACHED

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

FILED
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1. THE MOOPS, L.L.L.P.

(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. 10160 S. TROPICAL TRAIL

(Street address of initial designated office)

MERRITT ISLAND, FL 32952

3. IVAN M. LEFKOWITZ

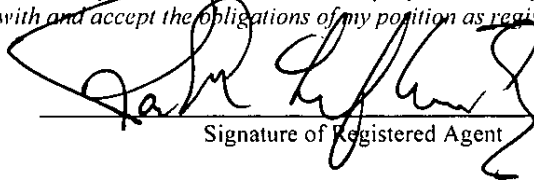
(Name of Registered Agent for Service of Process)

4. 430 N MILLS AVE., SUITE 4

(Florida street address for Registered Agent)

ORLANDO, FL 32803

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. 10160 S. TROPICAL TRAIL

(Mailing address of initial designated office)

MERRITT ISLAND, FL 32952

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:

THOMAS C. TEATHER

10160 S. TROPICAL TRAIL

MERRITT ISLAND, FL 32952

ANNE M. TEATHER

10160 S. TROPICAL TRAIL


MERRITT ISLAND, FL 32952

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 2ND day of December, 2010.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Thomas C. Teather

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75