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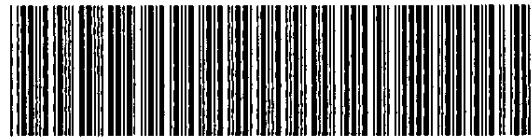
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JAN 31 AM 11:18

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J. SAULSBERRY  
EXAMINER

FEB 01 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Billy Allen Farms, 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:

Jacob C. Dykxhoorn

Contact Person

Peterson & Myers, P.A.

Firm/Company

P.O. Box 1079

Address

Lake Wales, FL 33859-1079

City, State and Zip Code

JDykxhoorn@PetersonMyers.com

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

For further information concerning this matter, please call:

Jacob C. Dykxhoorn

at ( 863 ) 676-7611

Name of Contact Person

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

CR2E030 (01/06)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP**

**FOR**

**BILLY ALLEN FARMS, LLLP**

The undersigned, for the purpose of forming a limited liability limited partnership under the provisions of the Florida Revised Uniform Limited Partnership Act of 2005, as set forth in Section 620.1101, et. seq. of the Florida Statutes, do hereby certify to the following:

1. The name of the partnership (hereinafter the "Partnership") is **"Billy Allen Farms, LLLP"**.
2. The street address of the initial designated office of the Partnership is: **1000 Breezy Point Road, Babson Park, FL 33827.**
3. The mailing address of the initial designated office of the Partnership is: **P.O. Box 323, Babson Park, FL 33827.**
4. The name and Florida street address of the initial registered agent, for service of process on the Partnership, are: **Jacob C. Dykxhoorn, 100 West Stuart Avenue, Lake Wales, FL 33853.**
5. The name and the business address of each general partner are as follows:

**Billy J. Allen**  
**1000 Breezy Point Road, Babson Park, FL 33827**

6. This partnership is organized as a limited liability limited partnership.

Under penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Dated: January 26, 2011

Signed, sealed and delivered  
in the presence of:

[Must be signed by all General Partners]

Sign Name: → Jacob C. Dykxhoorn  
Print Name: → Jacob C. Dykxhoorn  
Witness #1

→ Billy J. Allen  
Billy J. Allen

Sign Name: → Johnny R. Daniel  
Print Name: → Johnny R. Daniel  
Witness #2

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TALLAHASSEE, FLORIDA

**ACCEPTANCE OF REGISTERED AGENT  
FOR  
BILLY ALLEN FARMS, LLLP**

Having been named as registered agent to accept service of process upon the above named partnership, at the address designated in the certificate of limited partnership, 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 relating to the proper and complete performance of my duties, and I state that I am a resident of the State of Florida and I am familiar with, and accept, the obligations of my position as registered agent.

Dated: ✓ 1-26, 2011

  
Jacob C. Dykxhoorn

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