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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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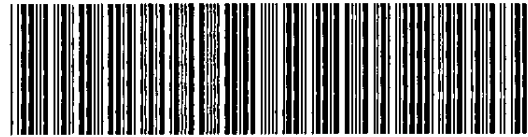
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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J. SAULSBERRY  
EXAMINER

MAR 02 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DOUBLE BUBBLE 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:

Randal C. Fairbanks, Esq.

Contact Person

Fairbanks & McGillin, P.L.

Firm/Company

113 Nature Walk Parkway, Suite 103

Address

St. Augustine, Florida 32092

City, State and Zip Code

rfairbanks@fmpllaw.com

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

For further information concerning this matter, please call:

Randal C. Fairbanks

Name of Contact Person

at ( 904 ) 687-1140

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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TALLAHASSEE, FLORIDA

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

1. Double Bubble 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. 6562 S. Atlantic Avenue

(Street address of initial designated office)

New Smyrna Beach, Florida 32169

3. Randal C. Fairbanks

(Name of Registered Agent for Service of Process)

4. 113 Nature Walk Parkway, Suite 103

(Florida street address for Registered Agent)

St. Augustine, Florida 32092

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. 6562 S. Atlantic Avenue

(Mailing address of initial designated office)

New Smyrna Beach, Florida 32169

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

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8. Name and business address of each general partner:

Name:

Business Address:

Ronald A. Stillerman

6562 S. Atlantic Avenue

New Smyrna Beach, Florida 32169

Yvonne D. Zabala

6562 S. Atlantic Avenue

New Smyrna Beach, Florida 32169

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 filed by the Florida Department of State.)*

Signed this 18<sup>th</sup> day of February, 2011

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.

Ronald A. Stillerman  
Yvonne D. Zabala

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**

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TALLAHASSEE, FLORIDA

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