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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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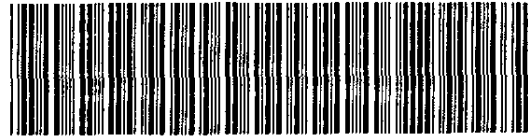
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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T. HAMPTON

MAR 28 2011

EXAMINER



LUBELL & ROSEN

A T T O R N E Y S A T L A W

STEVEN L. LUBELL*
MARK L. ROSEN†
MARSHALL A. ADAMS, P.A.
BERNARD M. CASSIDY, P.A.
WILLIAM C. PHILLIPPI, P.A.

*CERTIFIED IN CIVIL TRIAL LAW
† BOARD CERTIFIED IN HEALTH LAW

G. ISABEL DEL CID
JULIA M. INGLE
ARIEL D. SOFRO
ADI AMIT
ANDREA L. JAKOB†
‡ OF COUNSEL

March 22, 2011

Registration Section
Florida Division of Corporations
P.O. Box 6327
Tallahassee, Florida 31314

Re: Filing of Certificate of Limited Partnership for DollyRose LLLP.

Ladies and Gentlemen,

Please find enclosed for filing the Certificate of Limited Partnership for DollyRose LLLP, a Florida limited liability limited partnership (the "Certificate"). Also please find enclosed our firm's trust account check payable to the Florida Department of State in the amount of \$1,052.50 for the filing fees and a certified copy.

Please file the Certificate and send the certified copy of it to me at the Florida address below. Please use my e-mail address of wcp@lubellrosen.com for future annual report notifications. Please call me at (954) 755-3425 if any further information concerning this filing. Thank you.

Sincerely yours,

William C. Phillippi, President
William C. Phillippi, P.A.

cc(w/encl.): Frederick E. Soto, Jr. (via e-mail only)

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

1. DOLLYROSE 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. 2650 S. Tamiami Trail, Sarasota, Florida 34239-4503

(Street address of initial designated office)

3. A C Double P Corporate Services, Inc.

(Name of Registered Agent for Service of Process)

4. Suite 900, 200 N. Andrews Avenue, Fort Lauderdale, Florida 33301

(Florida street address for Registered Agent)

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.*

William C. Philippi, President
Signature of Registered Agent

6. 2650 S. Tamiami Trail, Sarasota, Florida 34239-4503

(Mailing address of initial designated office)

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:

Frederick E. Soto, Jr., and

2650 S. Tamiami Trail

Sarasota, Florida 34239-4503

Carlyn J. Soto, as Tenants

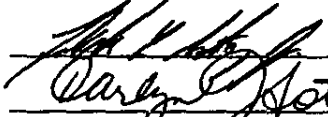
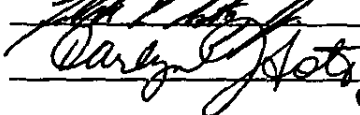
by the Entireties

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 17th day of March, 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.

 Frederick E. Soto, Jr.
 Carlyn J. Soto

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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