

A110000000508

(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:

W11000036300

Office Use Only



000209415220

07/07/11--01030--011 **1052.00

FILED
11 JUL 12 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUL 13 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2011

LOCKSLEY A. RHODEN, ESQ.
1835 E. HALLANDALE BEACH BLVD., SUITE 66
HALLANDALE BEACH, FL 33009

SUBJECT: MAGNUM OPUS PARTNERS LIMITED PARTNERSHIP
Ref. Number: W11000036300

We have received your document for MAGNUM OPUS PARTNERS LIMITED PARTNERSHIP and your check(s) totaling \$1052.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability limited partnership must contain an acceptable suffix. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, L.L.L.P., or LLLP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 211A0001631

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11 JUL 12 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magnum Opus Partners Limited Partnership

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:

Attn: Locksley A. Rhoden, Esq.

Contact Person

Locksley A. Rhoden, P.L.

Firm/Company

1835 E. Hallandale Beach Blvd., Suite 661

Address

Hallandale Beach, Florida 33009

City, State and Zip Code

adamcshepherd@gmail.com

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

For further information concerning this matter, please call:

Adam Shepherd

Name of Contact Person

at (561) 315-1977

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input checked="" type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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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Division of Corporations

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Contact Person

Locksley A. Rhoden, P.L.

Firm/Company

1835 E. Hallandale Beach Blvd., Suite 661

Address

Hallandale Beach, Florida 33009

City, State and Zip Code

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|---|---|--|--|

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2661 Executive Center Circle
Tallahassee, FL 32301

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CR2E030 (01/06)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Magnum Opus Partners Limited Partnership

(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. 403 South Sapodilla Avenue #718

(Street address of initial designated office)

West Palm Beach, Florida 33401

3. SHEP, LLC

(Name of Registered Agent for Service of Process)

4. 403 South Sapodilla Avenue #718

(Florida street address for Registered Agent)

West Palm Beach, Florida 33401

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. 403 South Sapodilla Avenue #718, West Palm Beach, Florida 33401

(Mailing address of initial designated office)

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

SHEP, LLC

403 South Sapodilla Avenue #718

West Palm Beach, Florida 33401

L11000045219

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.)

June 20, 2011

Signed this 20th day of June, 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.817.156, F.S.

 Adam Shepherd June 20, 2011

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

11 JUL 12 AM 09 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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