

W11-44336

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: St. Brendan's Trading Co. Ltd. L.L.P.
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:

Ken Callahan
Contact Person

St. Brendan's Trading Co. Ltd. L.L.P.
Firm/Company

925 Fosteria Drive
Address

Melbourne, FL 32940
City, State and Zip Code

STBRENDAN.ME.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICK CLAY at (321) 432-6929
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

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

1. St. Brendan's Trading Co. Ltd. LLP

(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 LLP

2. 925 Fostoria Drive

(Street address of initial designated office)

Melbourne, FL 32940

3. CARL R. CLAY

(Name of Registered Agent for Service of Process)

4. 925 Fostoria Drive

(Florida street address for Registered Agent)

Melbourne, FL 32940

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.

CRCL

Signature of Registered Agent

6. 925 Fostoria Drive

(Mailing address of initial designated office)

Melbourne, FL 32940

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

FILED
11 AUG 25 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

KATHLEEN O. CLAY925 FOSTORIA DR.MELBOURNE, FL 32940KEN CALLECHA925 FOSTORIA DR.MELBOURNE, FL 32940

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 22nd day of AUGUST

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.

Kathleen Clay
Ken Callecha

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75