

A110VVUUUU749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

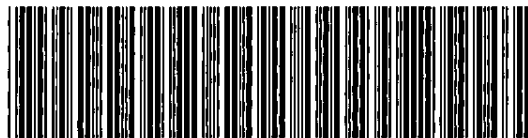
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B. KOHR

OCT 13 2011

EXAMINER



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DOLAC LIMITED

LIABILITY LIMITED PARTNERSHIP

Signature _____

Requested by: SETH

10/13

Name

Date

Time

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____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
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____ Fictitious Name File _____
____ Trade/Service Mark _____
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____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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

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1. **DOLAC LIMITED LIABILITY LIMITED PARTNERSHIP**

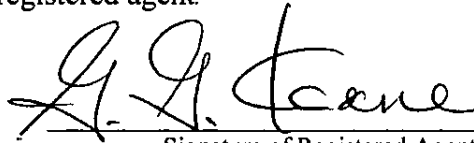
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. **960 Seasage Drive, Delray Beach, FL 33483**
(Street address of initial designated office)

3. **Gregory G. Keane**
(Name of Registered Agent for Service of Process)

4. **1000 SE Monterey Commons Boulevard, Suite 202, Stuart, FL 34996**
(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.



Signature of Registered Agent

6. **1000 SE Monterey Commons Boulevard, Suite 202, Stuart, FL 34996**
(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

Name:

Business Address:

Albert Cohen

960 Seasage Drive, Delray, FL 33483

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 3rd day of October, 2011.

Signature of each general partner: I submit this document and affirm that the facts stated herein are true. I am 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.



Albert Cohen, Managing Partner

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

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75