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TALLAHASSEE, FLORIDA

J. BRYAN

NOV 10 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DOJO HOLDINGS, 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:

STEPHEN D. MCCULLOUGH, CLA

Contact Person

AFFORDABLE PROFESSIONAL SERVICES, INC.

Firm/Company

2702 A WEST OAKLAND PARK BLVD

Address

FORT LAUDERDALE, FL 33311

City, State and Zip Code

affpara@bellsouth.net

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

For further information concerning this matter, please call:

STEPHEN MCCULLOUGH at ( 954 ) 565-9929

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

CR2E030 (01/06)

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TALLAHASSEE, FLORIDA

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

1. DOJO HOLDINGS, L.P.

(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. 2587 SW 30th AVENUE  
(Street address of initial designated office)

FORT LAUDERDALE, FL 33312

3. STEPHEN D. MCCULLOUGH, CLA  
(Name of Registered Agent for Service of Process)

4. 2702 A WEST OAKLAND PARK BOULEVARD  
(Florida street address for Registered Agent)

FORT LAUDERDALE, FL 33311

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. 2587 SW 30th AVENUE  
(Mailing address of initial designated office)

FORT LAUDERDALE, FL 33312

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:

KAYLIN D'AIRE

2587 SW 30th AVENUE

FORT LAUDERDALE, FL 33312


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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 1<sup>st</sup> day of November, 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.

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**