

A12000000611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

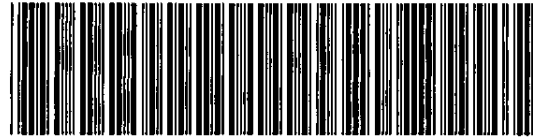
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT 12 PM 12:08

OCT 15 2012

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IRJ Partners, LLLP

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:

Todd watson

Contact Person

Todd Watson, Attorney and Counselor at Law, P.L.

Firm/Company

12276 San Jose Boulevard, Suite 721

Address

Jacksonville, FL 32223

City, State and Zip Code

landbjohnson72@yahoo.com

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

For further information concerning this matter, please call:

Todd Watson

Name of Contact Person

at ( 904 ) 739-9747

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

**TODD WATSON**  
ATTORNEY AND COUNSELOR AT LAW, P.L.

SUITE 721  
12276 SAN JOSE BOULEVARD  
JACKSONVILLE, FLORIDA 32223

TELEPHONE (904) 739-9747  
FACSIMILE (904) 739-9748  
mail@toddwatsonlaw.com

October 10, 2012

Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: IRJ Partners, LLLP

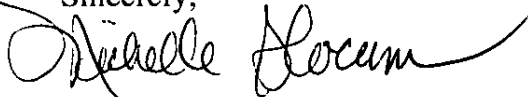
Dear Sir/Madam:

Enclosed is the following:

1. Certificate of Limited Partnership; and
2. Our firm check for \$1,000.00.

I am available at your convenience should you have any questions or comments concerning this matter.

Sincerely,



Michelle Slocum  
Legal Assistant

/kms

Enclosures

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

1. IRJ Partners, 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. 2036 S.R. 13, St. Johns, FL, 32259

(Street address of initial designated office)

3. Todd Watson, Attorney and Counselor at Law, P.L.

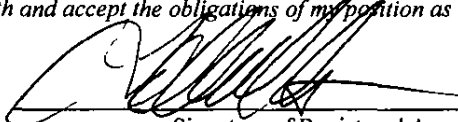
(Name of Registered Agent for Service of Process)

4. 12276 San Jose Boulevard, Suite 721

(Florida street address for Registered Agent)

Jacksonville, FL 32223

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. 2036 S.R. 13

(Mailing address of initial designated office)

St. Johns, FL 32259

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:

Larry Johnson

2036 S.R. 13

St. Johns, FL 32259

Elaine Clausnitzer

29316 Laughridge Pl.

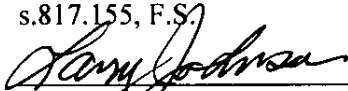

Wesley Chapel, FL 33545

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 14th day of August, 2012.

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:** \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75

12 OCT 12 PM 12:08

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS