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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

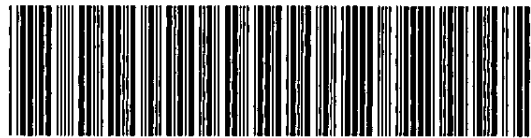
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

D. BRUCE
NOV 29 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SJTT Perkins, 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:

Ilana Brunelle

Contact Person

Redgrave & Rosenthal LLP

Firm/Company

120 East Palmetto Park Road, Suite 400

Address

Boca Raton, Florida 33432

City, State and Zip Code

ibrunelle@redgraveandrosenthal.com

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

For further information concerning this matter, please call:

Jennifer E. Zakin, Esq. at (561) 347-1700

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. SJTT Perkins, 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. 7527 Isla Verde Way
(Street address of initial designated office)

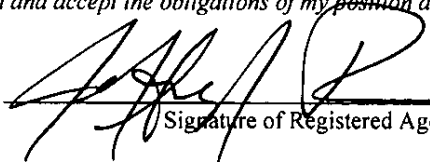
Delray Beach, Florida 33446

3. Jeffrey S. Pekins
(Name of Registered Agent for Service of Process)

4. 7527 Isla Verde Way
(Florida street address for Registered Agent)

Delray Beach, Florida 33446

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. 7527 Isla Verde Way
(Mailing address of initial designated office)

Delray Beach, Florida 33446

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

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TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

SJTT Perkins, LLC

7527 Isla Verde Way

Delray Beach, Florida 33446

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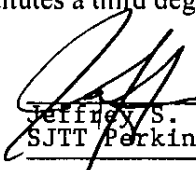
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9. Effective date, if other than the date of filing: _____

(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 11/16/ day of _____, 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.



Jeffrey S. Perkins, a Manager of
SJTT Perkins, LLC, General 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