

A12000000794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

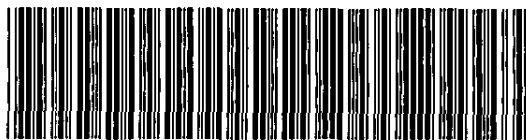
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100242200131

APPROVED
AND
FILED

12 DEC -3 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
12 DEC -3 PM 3:33

D. BRUCE

DEC 04 2012

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/03/12

NAME: CORAL TIDES MANAGEMENT LLLP

TYPE OF FILING: LIMITED LIABILITY LIMITED PARTNERSHIP

COST: 1052.50

RETURN: CERTIFIED COPY PLEASE

APPROVED
AND
FILED
12 DEC -3 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORAL TIDES MANAGEMENT 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:

ART FLORES

Contact Person

REGISTERED AGENT SOLUTIONS, INC.

Firm/Company

1701 DIRECTORS BLVD., SUITE 300

Address

AUSTIN, TEXAS 78744

City, State and Zip Code

cathyatparadise@hotmail.ca

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

For further information concerning this matter, please call:

Deborah E. Kalstek, Paralegal at (716) 848-1371

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input checked="" type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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)

12 DEC -3 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

1. CORAL TIDES MANAGEMENT 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. 2857 East Oakland Park Blvd., Ft. Lauderdale, FL 33306

(Street address of initial designated office)

3. Cathy Campione

(Name of Registered Agent for Service of Process)

4. 2857 East Oakland Park Blvd., Ft. Lauderdale, FL 33306

(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. 2857 East Oakland Park Blvd., Ft. Lauderdale, FL 33306

(Mailing address of initial designated office)

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

12 DEC -3 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

8. Name and business address of each general partner:

Name:

Chris One Corp.

Business Address:

2857 East Oakland Park Blvd.

Ft. Lauderdale, FL 33306

P07000133998

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 December 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.



Laura Pandolfo, President of

Chris One Corp., General Partner

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.00

Page 2 of 2

12 DEC -3 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED