## A13UWWW07

| (Address)  (Address)                    | 200242939772              |
|---|---------------------------|
| (City/State/Zip/Phone #)                |                           |
| (Business Entity Name)                  | 12/28/1201013011 **1(     |
| (Document Number)                       |                           |
| Certified Copies Certificates of Status |                           |
| Special Instructions to Filing Officer: | EFFECTIVE DATE 1/1/2013   |
|   | 12 OEC<br>SEGRE<br>TALLAH |

Office Use Only

B. KOHR
JAN 3 2013
EXAMINER

12 DEC 28 PM 3:
SEGRETARY OF STANSSEE, FLO

\*\*1000.00

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |  |              |
|---|--|--------------|
| SUBJECT: NLL Properties LLLP  |  |              |
| Name of Florida Limited   | Partnership or Limited Liability Limited Partnership                                     | -            |
| The enclosed Certificate of Limited Part  | nership and fees are submitted for filing.   |              |
| Please return all correspondence concerr  | ning this matter to:   | 5 -1         |
| Cynthia Petitjean   |  | P. Comments  |
| Contact Person  | EEEE - 1 1 2 1 7 1 7 1   | O T          |
| Cynthia M Petitjean PL  | EFFECTIVE DATE 1 2013  | 2            |
| Firm/Company  |  | الله بن أبيّ |
| 1306 Thonotosassa Road  |  | 25 B         |
| Address   |  | Bri          |
| Tradios   |  | 7            |
| Plant City FL 33563   |  |              |
| City, State and Zip Code  |  |              |
| bray1@tampabay.rr.com   |  |              |
| E-mail address: (to be used for future annu   | al report notification)  |              |
| For further information concerning this i   | matter, please call:   | ,·           |
| Cynthia M Petitjean   | <sub>at (</sub> 813 <sub>)</sub> 967-5588  |              |
| Name of Contact Person  | Area Code and Daytime Telephone Number   | -            |
| Enclosed is a check for the following am  | nount:   | •            |
| \$1,000.00 Filing Fees \$1,008.75 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fee and Certificate of Status | Tees \$1,052.50 Filing Fees and Certified Copy Certified Copy, and Certificate of Status |              |
| STREET ADDRESS:   | MAILING ADDRESS:   |              |
| Registration Section  | Registration Section   |              |
| Division of Corporations  | Division of Corporations   |              |
| Clifton Building  | P. O. Box 6327   |              |
| 2661 Executive Center Circle  | Tallahassee, FL 32314  |              |
| Tallahassee, FL 32301   |  |              |

CR2E030 (01/06)

EFFECTIVE DATE 1/1/2013

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

| NLL Properties 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. For LLLP. | Dec a land |
| <sub>2.</sub> 115 E Knights Griffin Rd  | (10) P     |
| (Street address of initial designated office)   | ALC:       |
| Plant City FL 33565   | <b>y</b>   |
| 3. Sandra D. McGavin  |            |
| (Name of Registered Agent for Service of Process)   |            |
| 4.115 E Knights Griffin Rd  |            |
| (Florida street address for Registered Agent)   |            |
| Plant City FL 33565   |            |
| 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.   |            |
| Sache D. MSy-   |            |
| Signature of Registered Agent   |            |
| <sub>6.</sub> 115 E Knights Griffin Rd  |            |
| (Mailing address of initial designated office)  |            |
| Plant City FL 33565   |            |
| 7. If limited partnership elects to be a limited liability limited partnership, check box   |            |

| 8. Name and business address of each Name:                                   | ch general partner: Business Address:  |
|--|--|
| MTCL LLC   | 115 E Knights Griffin Rd   |
| C1200000172  | Plant City FL 33565  |
|  |  |
|  |  |
|  |  |
| 9. Effective date, if other than the date of fi                              |  |
| (Effective date cannot be prior to not filed by the Florida Department of St | r more than 90 days after the date the document is tate.)  |
| Signed this 2714 day of  | December , 2012 .  |
| stated herein are true. I/We am/are av                                       | We submit this document and affirm that the facts ware that any false information submitted in a constitutes a third degree felony as provided for in $GP$ |
| Filing Fees: Certified Copy (optional): Certificate of Status (optional):    | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)<br>\$52.50<br>\$8.75<br>Page 2 of 2  |