

FILED  
13 FEB 27 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 29, 2013

JENNY YOSHIDA  
10313 OAKVIEW POINTE TERRACE  
GOTHA, FL 34734

SUBJECT: THE PALAYOP FAMILY LIMITED LIABILITY LIMITED  
PARTNERSHIP  
Ref. Number: W13000005588

We have received your document for THE PALAYOP FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 913A00002171

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE PALAYOP FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP  
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:

JENNY YOSHIDA

Contact Person

CREATIVE ACQUISITIONS, INC

Firm/Company

10313 OAKVIEW POINTE TERRACE

Address

GOTHA, FLORIDA 34734

City, State and Zip Code

JENNNYOS@YAHOO.COM

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

For further information concerning this matter, please call:

JENNY YOSHIDA

Name of Contact Person

at ( 407 ) 451-2724

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)

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

1. THE PALAYOP FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

(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. 8815 CONROY-WINDERMERE ROAD #249

(Street address of initial designated office)

ORLANDO, FLORIDA 32835

3. GERTRUDE PALACIOS

(Name of Registered Agent for Service of Process)

4. 8815 CONROY-WINDERMERE ROAD #249

(Florida street address for Registered Agent)

ORLANDO, FLORIDA 32835

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.*

Gertrude Palacios

Signature of Registered Agent

6. 8815 CONROY-WINDERMERE ROAD #249

(Mailing address of initial designated office)

ORLANDO, FLORIDA 32835

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:

CREATIVE ACQUISITIONS, INC.

8815 CONROY-WINDERMERE ROAD

SUITE 249

ORLANDO, FLORIDA 32835

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 13<sup>th</sup> day of February.

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.



Certified Copy (optional):

Certificate of Status (optional):

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

**\$52.50**

**\$8.75**

**ACCEPTANCE OF APPOINTMENT AS  
REGISTERED AGENT**

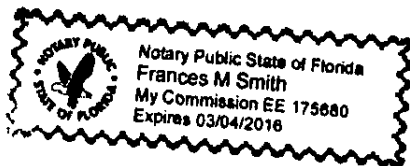
I, GERTRUDE PALACIOS of 8815 CONROY-WINDERMERE ROAD, SUITE 249, ORLANDO, FLORIDA 32835, accept appointment as registered agent for and on behalf of THE PALAYOP FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP, and affirm that I am familiar with, and shall comply with, all of the duties of a registered agent.

Gertrude Palacios  
Signature of Registered Agent

STATE OF Florida,

:§  
COUNTY OF Orange,

On the 17th day of January, 2013 personally appeared before me and JENNY YOSHIDA and OSCAR PALACIOS, the signers of the within instrument, who duly acknowledged to me that they executed the same.



[Signature]  
Notary Public

Orlando, FL  
Residing At

My Commission Expires