

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HJ 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

danke+82@gmail.com

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

For further information concerning this matter, please call:

Todd Watson

at (904) 739-9747

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

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

FILED
13 MAY -1 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. HJ 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. 6049 Klare Drive

(Street address of initial designated office)

Keystone Heights, FL 32656

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

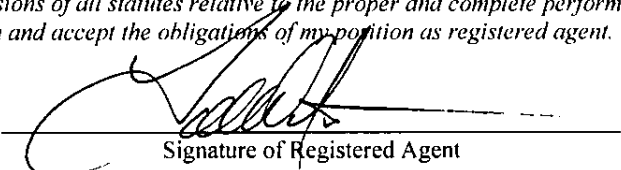
(Name of Registered Agent for Service of Process)

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. 6049 Klare Drive

(Mailing address of initial designated office)

Keystone Heights, FL 32656

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:

Bobby Jackson

6049 Klare Drive

Keystone Heights, FL 32656

Bobby Jackson, Jr.

2263 Grey Fox Ct.

Orange Park, FL 32073

Katharine Tatham

1093 Cactus Cut Rd.

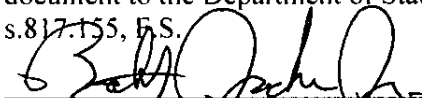
Middleburg, FL 32068

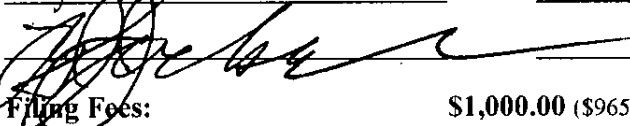
9. Effective date, if other than the date of filing: _____.

(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 11th day of April, 2013.

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.


Katharine Tatham



Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75