

JUL 15 2013 10:37AM

JONES FOSTER 361 650 0435

NO. 96 P.p. 1/51

A/300000371

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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From: Account Name : JONES, FOSTER, JOHNSTON & STUBBS,  
Account Number : 076077003231  
Phone : (561) 650-0471  
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FLORIDA/FOREIGN LP/LLLP  
RT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,052.50

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RT 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:

Brian D. Kennedy, Esq.

Contact Person

Jones, Foster, Johnston & Stubbs, P.A.

Firm/Company

505 S. Flagler Drive, Suite 1100

Address

West Palm Beach, FL 33401

City, State and Zip Code

dpayton@jonesfooster.com

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

For further information concerning this matter, please call:

Dominique A. Payton, ACP at (561) 650-0427

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<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input checked="" type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,<br>Certified Copy, and<br>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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2013 JUL 15 AM 11:32  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

**CERTIFICATE OF LIMITED PARTNERSHIP**

**FOR**

**FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

As a Certificate of Limited Partnership pursuant to F.S. § 620.1201, the undersigned certifies:

1. The name of this limited partnership is **RT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP.**

2. The address of the principal office and the name and address of the agent for service of process are:

Principal Office Address:

1157 South State Road 7  
Wellington, FL 33414

Registered Agent's Name and Address:

KRISHNA TRIPURANENI  
1157 South State Road 7  
Wellington, FL 33414

The name and address of the General Partner is:

K.T. FAMILY, LLC  
1157 South State Road 7  
Wellington, FL 33414

3. The mailing address for the limited partnership is:

Mailing Address:

1157 South State Road 7  
Wellington, FL 33414

4. The limited liability limited partnership does elect to be a limited liability limited partnership.

5. The limited liability limited partnership shall become effective upon the date of filing with the Florida Department of State.

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TALLAHASSEE, FL 32301

• JUL 15. 2013 10:37AM

JONES FOSTER 561 650 0435

NO. 2696 P. 4/5

WHEREFORE, the undersigned has executed this Certificate as the General Partner of RT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP as of the date set forth below.

Signed this 11<sup>th</sup> day of July, 2013.

GENERAL PARTNER

K.T. FAMILY, LLC

By:   
Krishna Tripuraneni, Member

CLERK OF DIST.  
FALLADASSSE, FLORIDA

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**CERTIFICATE DESIGNATING PLACE OF  
BUSINESS OR DOMICILE FOR THE SERVICE  
OF PROCESS WITHIN THIS STATE, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 620.105, Florida Statutes, the following is submitted in compliance with said Act:

That RT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP desiring to organize under the laws of the State of Florida, has named KRISHNA TRIPURANENI located at 1157 South State Road 7, Wellington, Florida 33414, as its Registered Agent to accept service of process within this state.

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the above stated limited partnership at the place designated in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity, and 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.

  
KRISHNA TRIPURANENI

7.11.13

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