

A13 0000000440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

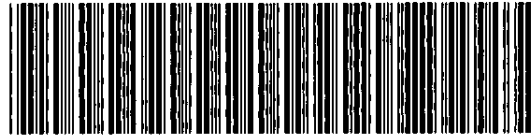
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2013

CSC
SUSIE KNIGHT
TALLAHASSEE, FL

SUBJECT: R & R DEVELOPMENT, LLLP
Ref. Number: W13000046193

RESUBMIT
Please give original
submission date as file date.

We have received your document for R & R DEVELOPMENT, LLLP and the authorization to debit your account in the amount of \$1000.00. However, the document has not been filed and is being returned for the following:

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

The document number of the name conflict is P12000048667.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 213A00019804

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DEPARTMENT OF STATE
13 AUG 20 PM 12:50



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 768878 7184109

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 1000.00

ORDER DATE : August 19, 2013

ORDER TIME : 4:0 PM

ORDER NO. : 768878-010

CUSTOMER NO: 7184109

Plain file 2nd

DOMESTIC FILING

NAME: R & R DEVELOPMENT, LLLP

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION
☒ CERTIFICATE OF LIMITED PARTNERSHIP
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
FALL ARIZONA COUNTY CLERK

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

1. R & R North Lake Development, 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. 4500 PGA Blvd., Suite 304B
(Street address of initial designated office)

Palm Beach Gardens, Florida 33418

3. Jack B. Owen, Jr., P.A.
(Name of Registered Agent for Service of Process)

4. 4500 PGA Blvd., Suite 304B
(Florida street address for Registered Agent)

Palm Beach Gardens, Florida 33418

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. 4500 PGA Blvd., Suite 304B
(Mailing address of initial designated office)

Palm Beach Gardens, Florida 33418

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

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CLERK OF DISTRICT COURT
FALLS CHURCH, VIRGINIA

8. Name and business address of each general partner:

Name:

Business Address:

R & R Development GP, LLC

4500 PGA Blvd., Suite 304B

LC13-117094

Palm Beach Gardens, Florida 33418

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 19th day of August, 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.

R & R Development GP, LLC, general partner

By: Jack B. O'Neil, Jr., Authorized Agent

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

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DEPARTMENT OF STATE
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