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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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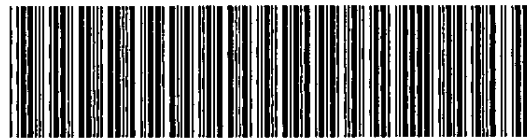
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. Culligan SEP 18 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Double J Triple B, LP

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:

Emily C. Hobby

Contact Person

Firm/Company

15720 SW 191 Avenue

Address

Williston, FL 32696

City, State and Zip Code

erockinh@yahoo.com

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

For further information concerning this matter, please call:

Emily C. Hobby

Name of Contact Person

at (352) 427-4247

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Double J Triple B, LP

(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. 15720 SW 191 Avenue

(Street address of initial designated office)

Williston, FL 32696

3. Emily C. Hobby

(Name of Registered Agent for Service of Process)

4. 15720 SW 191 Avenue

(Florida street address for Registered Agent)

Williston, FL 32696

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.*

Emily C. Hobby
Signature of Registered Agent

6. 15720 SW 191 Avenue

(Mailing address of initial designated office)

Williston, FL 32696

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:

Robert Hobby

15720 SW 191 Avenue

Williston, FL 32696

Robert Tucker

PO Box 7

Kenansville, FL 34739

Rickie Boyd, Jr.

3951 SE 180 Avenue

Morrison, FL 32668

Jeff Ralph

11014 N. Dale Mabry Hwy, Ste 501

Tampa, FL 33618-3800

William Kruse

1200 S. Main St., Ste 1400

Grapevine, TX 76051

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 20th day of September, 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.

Robert Hobby
Robert A. Tucker
Rickie Boyd, Jr.

William Kruse
Robert A. Tucker

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA