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(Address)

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(City/State/Zip/Phone #)

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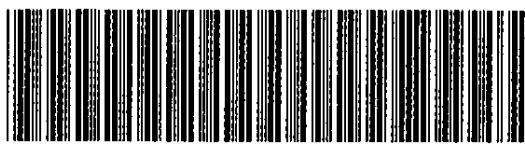
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REGISTRY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rickel, 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:

Ilana Brunelle

Contact Person

Redgrave & Rosenthal LLP

Firm/Company

120 East Palmetto Park Road, Suite 400

Address

Boca Raton, Florida 33432

City, State and Zip Code

arnold.cohen@pnc.com

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

For further information concerning this matter, please call:

Jennifer E. Zakin, Esq.

at (561) 347-1700

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

\$1,000.00 Filing Fees \$1,008.75 Filing Fees \$1,052.50 Filing Fees \$1,061.25 Filing Fees,
(\$965 Filing Fee and and Certificate of and Certified Copy and
\$35 Registered Agent Status Certified Copy, and
Fee) 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

REDGRAVE & ROSENTHAL LLP
ATTORNEYS AT LAW

120 East Palmetto Park Road • Suite 400
Boca Raton, Florida 33432 • Tel 561.347.1700 • Fax 561.391.9944
www.redgraveandrosenthal.com

Jennifer E. Zakin
jzakin@redgraveandrosenthal.com
Direct Dial 561.226.7819

November 12, 2013

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Our File No.36215-00002
Rickel, LLLP

Dear Sir or Madam:

Enclosed please find the following:

1. Cover Letter;
2. Check in the amount of \$1,000.00 payable to the "Florida Department of State"; and
3. Certificate of Limited Partnership.

Please file the enclosed Certificate of Limited Partnership with the Florida Department of State and return confirmation of filing to our office at the address indicated on the attached Cover Letter.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Jennifer E. Zakin

JEZ/ib
Enclosures

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

1. Rickel, 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. 7255 Ayrshire Lane
(Street address of initial designated office)

Boca Raton, Florida 33496

3. Arnold I. Cohen
(Name of Registered Agent for Service of Process)

4. 6971 Queenferry Circle
(Florida street address for Registered Agent)
Boca Raton, Florida 33496

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.*

Arnold Cohen

Signature of Registered Agent

6. 7255 Ayrshire Lane
(Mailing address of initial designated office)
Boca Raton, Florida 33496

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 RICKEL REVOCABLE TRUST AGREEMENT dated June 26, 2000, as amended

7255 Ayrshire Lane

Boca Raton, Florida 33496

7255 Ayrshire Lane

Boca Raton, Florida 33496

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SEARCHED INDEXED SERIALIZED
TALLAHASSEE FLORIDA

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 16 day of January, 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 Rickel, as Trustee
of each General Partner

Robert Rukel

Evelyn Rickel, as Trustee
of each General Partner

Emely Kiel

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75