

A14000000361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

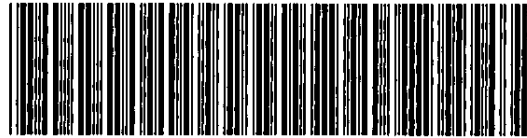
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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W14-41923

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07/07/14--01050--011 \*\*1061.25

EFFECTIVE DATE 07-10-14

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL - 9 2014

WINE

STEPHEN F. DIGIOVANNI  
16 Diamond Drive  
Key West, FL 33040  
352-228-2651

Secretary of State  
Registration Section  
DIVISION OF CORPORATIONS  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

July 3, 2014

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TALLAHASSEE, FLORIDA

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Gentlemen:

Enclosed please find original and one (1) copy of the Certificate of Limited Liability Limited Partnership on behalf of **ROTTEN RALPH'S OF KEY WEST, LLLP**. Please make the effective date of said partnership July 10, 2014, as also specified in the Certificate. I have also enclosed a check in the amount of \$1,061.25 to cover the costs as follows:

\$ 965.00 : filing fees  
35.00 : Registered Agent fee  
52.50 : Certified copy charge  
8.75 : Certificate of Status charge

Please forward a certified copy of the Certificate of Limited Liability Limited Partnership to the name and address as showing above in the letterhead, and in the event of questions or need for further information please feel free to contact me.



STEPHEN F. DIGIOVANNI

encl.

**CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP**

for

**ROTTEN RALPH'S OF KEY WEST, LLLP**

The undersigned being a natural person of the age of eighteen (18) years or more, and competent to contract and form a Limited Liability Limited Partnership, hereby makes and acknowledges this Certificate of Limited Liability Limited Partnership, under the provisions, and, by virtue of Chapter 620 of the Florida Statutes.

**FIRST**

**NAME**

The name of this Limited Liability Limited Partnership shall be  
ROTTEN RALPH'S OF KEY WEST, LLLP.

**SECOND**

**DESIGNATED OFFICE/MAILING ADDRESSES**

The street and mailing addresses of the designated office for this Limited Liability Limited Partnership are:

Office : 16 Diamond Drive, Key West, FL 33040  
Mailing : P.O. Box 2358, Key West, FL 33045

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Page 2

### THIRD

#### EFFECTIVE DATE & TIME

The effective date of this Limited Liability Limited Partnership shall be July 10, 2014 at 12:01 A.M.

### FOURTH

#### LIMITATION OF LIABILITY

It is intended that this limited partnership be a Limited Liability Limited Partnership as provided for and in compliance with Chapter 620.1201(d), Florida Statutes.

### FIFTH

#### CAPITALIZATION

There shall be no stated capitalization, initial or other, be it minimum or maximum to effectuate this Limited Liability Limited Partnership. The partners hereof, however, may be required to contribute capital from time to time and on a need basis.

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Page 3

## SIXTH

### DESIGNATION OF REGISTERED AGENT

In accordance and compliance with the provisions of Chapter 620.1114(b), Florida Statutes, this Limited Liability Limited Partnership with designated office located at 16 Diamond Drive, City of Key West, County of Monroe, and State of FLORIDA 33040, desiring to organize and operate under the laws of the State of FLORIDA, hereby designates STEPHEN F. DIGIOVANNI, located at 16 Diamond Drive, City of Key West, County of Monroe, and State of FLORIDA 33040 as its Registered Agent to accept service of process within the state.

I, STEPHEN F. DIGIOVANNI, having been designated as Registered Agent for this Limited Liability Limited Partnership with its designated office as shown above, am familiar with, and willingly accept, by my free act and deed, the obligations and responsibilities of the office of Registered Agent for said Limited Liability Limited Partnership. Furthermore, I hereby acknowledge my acceptance of said position on behalf of this Limited Liability Limited Partnership by affixing my signature where indicated below.



STEPHEN F. DIGIOVANNI

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TALLAHASSEE, FLORIDA

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ROTTEN RALPH'S OF KEY WEST, LLLP

Page 4

## SEVENTH

### PURPOSE

The purpose and general nature of the business to be transacted by this Limited Liability Limited Partnership is to manufacture, buy, or otherwise acquire, own, hold, manage, improve, mortgage, pledge, lease, sell, convey, exchange, assign, transfer, or otherwise dispose of, and, to invest, trade, and deal in and with goods, wares, merchandise, real and personal (tangible and/or intangible) property, and services of every class, kind, and description, except that it is not to conduct a banking, safe deposit, trust, insurance, surety or fraternal benefit society, association or company, or, any state fair or exposition.

IN ADDITION to the above, the Limited Liability Limited Partnership shall have power:

(1) to conduct business, have one or more offices and/or locations, buy, or otherwise acquire, hold, manage, improve, mortgage, pledge, lease, sell, convey, exchange, assign, transfer or otherwise dispose of property, be it real or personal (including tangible and/or intangible, to include, but not limited to franchises, patents, copyrights, trademarks, and licenses), wherever situated, within the State of FLORIDA, and, within any other state, territory, district, and/or possession of the United States, and/or within any foreign country, and/or any government thereof, and

(2) to buy, or otherwise acquire the assets of any other business entity and engage in the same and/or other character of business, and

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ROTTEN RALPH'S OF KEY WEST, LLLP

Page 5

(3) to contract debts and borrow money, issue and sell or pledge bonds, debentures, notes and other evidence of indebtedness, and execute such mortgages, transfers of corporate property and/or other instruments to secure the payment of partnership indebtedness as required, and

(4) to guaranty, endorse, buy or otherwise acquire, hold, manage, mortgage, pledge, sell, convey, exchange, assign, transfer or otherwise dispose of any bonds, securities, or other evidence of indebtedness created by any other entity of the State of FLORIDA and/or any other state, territory, district, or possession of the United States and/or foreign country, and/or any government thereof, and

(5) to engage in any and all other activity and/or business, to include, but, not limited to joint ventures and/or partnerships (as a limited or general partner), whatever permitted, under the laws of the United States and of the State of FLORIDA, and, wherever situate, within any state, territory, district, or possession of the United States and/or within any foreign country, and/or any government thereof.

## EIGHTH

### AMENDMENT

This Limited Liability Limited Partnership reserves the right to amend or repeal any provision(s) contained herein, or, any amendment hereto, and any right conferred upon the partners is subject to this reservation.

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TALLAHASSEE, FLORIDA

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Page 6

NINTH

FISCAL YEAR

The fiscal year of this Limited Liability Limited Partnership shall be January 1 through December 31.

TENTH

GENERAL PARTNERS

The name and business address of each general partner is:

Name:

Business Address:

STEPHEN F. DIGIOVANNI

16 Diamond Drive  
Key West, FL 33040

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ROTTEN RALPH'S OF KEY WEST, LLLP

Page 7

Signed this 3rd day of July, 2014. I hereby submit this document and affirm that the facts stated herein are true, and, am 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, Florida Statutes.



STEPHEN F. DIGIOVANNI  
General Partner

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2014

STEPHEN F. DIGIOVANNI  
16 DIAMOND DRIVE  
KEY WEST, FL 33040

SUBJECT: ROTTEN RALPH'S OF KEY WEST LLLP  
Ref. Number: W14000041923

We have received your document for ROTTEN RALPH'S OF KEY WEST LLLP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that the Limited Partnership forms you submitted is missing the first page of the articles.,

Please list the complete principal office address.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 914A00014649

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