*A14000000731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

000262230400

11/03/14--01006--013 **1000.00

FILED
2014 NOV -3 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 19 2014

KUKIN & BIEG, P.C.

55 REGENT STREET • SUITE 526 • LIVINGSTON • NEW JERSEY • 07039
TEL: (973) 535-1978 • FAX: (973) 535-1878

JONATHAN KUKIN (N.J. & N.Y.)
KENN R. BIEG (N.J.)

TONI ANN MARABELLO (N.J. & N.Y.)

October 28, 2014

VIA CERTIFIED MAIL WITH RETURN RECEIPT REQUESTED
Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Rifkin Family Fueled Limited Partnership

Dear Sir/Madam:

Enclosed please find an original and two (2) copies of a Certificate of Limited Partnership for Florida Limited Partnership in connection with the above-referenced limited partnership. I also enclose a check in the amount of one thousand ($1,000.00) dollars for the applicable filing fee for same.

Please file the enclosed form as necessary and return a filed copy to me in the enclosed self-addressed stamped envelope. Please do not hesitate to contact my office if you require anything further to process this request.

Very truly yours,

Kenn R. Bieg

KRB:tm
enclosure
cc: Mr. David Rifkin via email

FILED

2014 NOV -3 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. RIFKIN FAMILY FUELED LIMITED PARTNERSHIP

(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. 104 VICTORIA BAY COURT
(Street address of initial designated office)

PALM BEACH GARDENS, FL 33418

3. DAVID RIFKIN
(Name of Registered Agent for Service of Process)

4. 104 VICTORIA BAY COURT
(Florida street address for Registered Agent)

PALM BEACH GARDENS, FL 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. 104 VICTORIA BAY COURT
(Mailing address of initial designated office)

PALM BEACH GARDENS, FL 33418

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:
DAVID RIFKIN	104 VICTORIA BAY COURT PALM BEACH GDNS, FL 33418
JULIE SUE AUSLANDER-RIFKIN	104 VICTORIA BAY COURT PALM BEACH GDNS, FL 33418

FILED
2014 NOV -3 PM 1:44
SECRETARY OF STATE
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 3rd day of October, 2014.

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.

Filing Fees: **$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional): **$52.50**
Certificate of Status (optional): **$8.75**