

A15000000106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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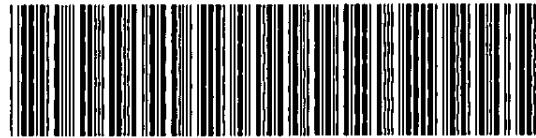
(Business Entity Name)

(Document Number)

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15 FEB -9 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 10 2015
T. HAMPTON

file second
*do not separate
please

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 495001 12000A

AUTHORIZATION :

COST LIMIT : \$ 1,000.00

ORDER DATE : February 9, 2015

ORDER TIME : 11:13 AM

ORDER NO. : 495001-010

CUSTOMER NO: 12000A

DOMESTIC FILING

NAME: BROCKBOYS, LLLP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

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

1. BROCKBOYS, 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. 4650 Donald Ross Road, Suite 200

(Street address of initial designated office)

Palm Beach Gardens, FL 33418

3. Peter Brock

(Name of Registered Agent for Service of Process)

4. 4650 Donald Ross Road, Suite 200

(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. 4650 Donald Ross Road, Suite 200

(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 ☒

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8. Name and business address of each general partner:

Name:

Business Address:

BROCKBOYS, INC.

4650 Donald Ross Road, Suite 200

P15-13222

Palm Beach Gardens, FL 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 5 day of February, 2015

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.

BROCKBOYS, INC.

By: [Signature]

Peter Brock, President

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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