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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

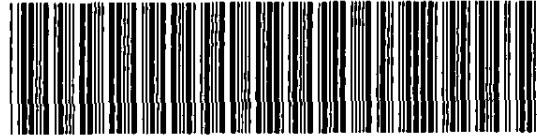
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

N. Cuffigan FEB 12 2015

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

3 Sisters Limited Partnership

Signature _____

Requested by: SETH

02/11/15

Name

Date

Time

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP
OF
3 SISTERS LIMITED PARTNERSHIP

The undersigned, desire to form a limited partnership under the Florida Revised Uniform Limited Partnership Act as set forth in Florida Statute §620.1201 et. al., make the following certificate:

1. The name of the limited partnership shall be: 3 SISTERS LIMITED PARTNERSHIP.
2. The Limited Partnership is created and formed for the purpose of engaging in all lawful business.
3. The street mailing address, location of the office and principal place of business for the limited partnership shall be 7617 HUNTER LANE, PINELLAS PARK, FLORIDA 33782.
4. The name and business address of the general partner is TRI-LEE, LLC, whose business address is 7617 HUNTER LANE, PINELLAS PARK, FLORIDA 33782.
5. The partnership shall be perpetual.
6. The registered agent and its address for service of process as required by Florida Statute §620.1114 for the limited partnership shall be:

O'CONNOR LAW FIRM
2240 BELLEAIR ROAD, SUITE 115
CLEARWATER, FL 33764

The undersigned shall serve as a Registered Agent until otherwise removed or he shall resign pursuant to the laws of the State of Florida.


Under penalties of perjury we declare that we have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 5TH day of FEBRUARY, 2015.

WITNESSES:

General Partner

TRI-LEE, LLC, a Florida limited liability corporation as general partner



Patricia Ponce

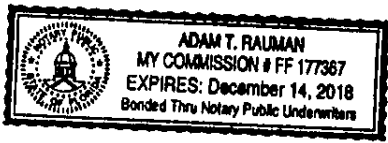
By:

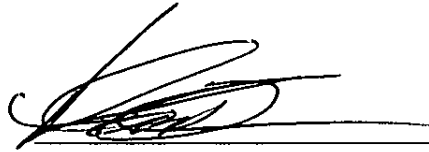


STEPHEN R. BURKETT, its Manager

STATE OF FLORIDA)
COUNTY OF PINELLAS) S.S.

The foregoing instrument was acknowledged before me this 5TH day of FEBRUARY, 2015, by STEPHEN R. BURKETT as Manager of TRI-LEE, LLC, as general partner, on behalf of the BURKETT FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership. He is personally known to me or has produced _____ as identification and did take an oath.



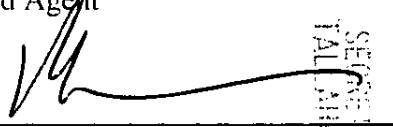


Notary Public
State of Florida
My Commission Expires:

Acknowledgment of Registered Agent

I hereby am familiar with and accept the duties and responsibilities as Registered Agent pursuant to Florida Statute §620.1114 for said limited partnership.

O'CONNOR LAW FIRM
Registered Agent

By: 

Patrick M. O'Connor, Esquire

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