

A1500000206

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
DEPARTMENT OF STATE
15 MAR 26 PM 4:25

MAR 27 2015
D. BRUCE

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

ACCOUNT NO. : I20000000195

REFERENCE : 565516 7644751

AUTHORIZATION :

COST LIMIT : \$1,000.00

ORDER DATE : March 26, 2015

ORDER TIME : 3:32 PM

ORDER NO. : 565516-005

CUSTOMER NO: 7644751

DOMESTIC FILING

NAME: ELEVEN STONES, LP

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: _____

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CLERK OF COURT
TALLAHASSEE FLORIDA

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

1. Eleven Stones, LP

(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. c/o Genovese Joblove & Battista, P.A., 200 E. Broward Blvd., Ste. 1110

(Street address of initial designated office)

Fort Lauderdale, FL 33301

3. Genovese Joblove & Battista, P.A.

(Name of Registered Agent for Service of Process)

4. 200 E. Broward Blvd., Ste. 1110

(Florida street address for Registered Agent)

Fort Lauderdale, FL 33301

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.*

By: 

Signature of Registered Agent

6. c/o Genovese Joblove & Battista, P.A., 200 E. Broward Blvd., Ste. 1110

(Mailing address of initial designated office)

Fort Lauderdale, FL 33301

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:

Ravi Srivastava

270 Eunice Ave

Mountain View, CA 94040

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 26th day of March, 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.

Ravi Srivastava

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TALLAHASSEE, FLORIDA

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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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