

A15000000252

(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 APR 13 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 23 2015
10:00 AM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2015

STEVEN CONNER
1106 PARK AVE
ORANGE PARK, FL 32073

SUBJECT: FINANCIAL MARKETING GROUP, LLLP
Ref. Number: W15000025697

We have received your document for FINANCIAL MARKETING GROUP, LLLP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 415A00007331

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

1. Financial Marketing Group, 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. 1102 A1A North, Suite 202

(Street address of initial designated office)

Ponte Vedra Beach, Florida 32082

3. Steven W. Conner


(Name of Registered Agent for Service of Process)

4. 1106 Park Avenue

(Florida street address for Registered Agent)

Orange Park, Florida 32073

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. 1102 A1A North, Suite 202

(Mailing address of initial designated office)

Ponte Vedra Beach, FL 32082

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Edward W. Rahn

1102 A1A North, Suite 202

Ponte Vedra Beach, FL 32082

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
filed by the Florida Department of State.)*

Signed this 13th 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.

Edward W. Rahn
Edward W. Rahn

President/CEO

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

~~\$52.50~~

Certificate of Status (optional):

~~\$8.75~~

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15 APR 13 AM 7:59
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TALLAHASSEE, FLORIDA