

A150000 00795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

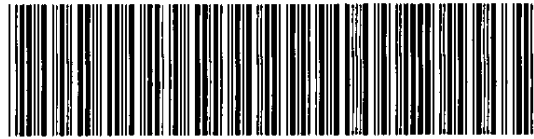
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/17/15--01002--003 \*\*1061.25

RECEIVED  
DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS  
15 DEC 16 PM 3:45  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
15 DEC 16 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 17 2015  
J SHIVERS

## CAPITAL CONNECTION, INC.

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

7600 COLLEGE INVESTORS

LLLP

Signature \_\_\_\_\_

Requested by: SETH

12/14/15

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 \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 7600 COLLEGE INVESTORS, LLLP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

CATHY SCOTT

Contact Person

RENDINA

Firm/Company

661 UNIVERSITY BOULEVARD, SUITE 200

Address

JUPITER, FLORIDA 33458

City, State and Zip Code

CSCOTT@RENDINA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CATHY SCOTT

Name of Contact Person

at ( 561 ) 630-5055

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees  
(\$965 Filing Fee and  
\$35 Registered Agent  
Fee)      ☐ \$1,008.75 Filing Fees  
and Certificate of  
Status      ☐ \$1,052.50 Filing Fees  
and Certified Copy      ☒ \$1,061.25 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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

1. 7600 COLLEGE INVESTORS, 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. 661 UNIVERSITY BOULEVARD, SUITE 200

(Street address of initial designated office)

JUPITER, FLORIDA 33458

3. REGSERV CORP.

(Name of Registered Agent for Service of Process)

4. 661 UNIVERSITY BOULEVARD, SUITE 200

(Florida street address for Registered Agent)

JUPITER, FLORIDA 33458

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

MICHAEL J. SPARTACO, PRESIDENT

6. 661 UNIVERSITY BOULEVARD, SUITE 200, JUPITER, FLORIDA 33458

(Mailing address of initial designated office)

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:

7600 COLLEGE EQUITY INVESTORS, LLLP

661 UNIVERSITY BOULEVARD, SUITE 200

JUPITER, FLORIDA 33458

15 DEC 16 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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 \_\_\_\_\_ day of **DECEMBER**, 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.

SEE ATTACHED SIGNATURE  
Page

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

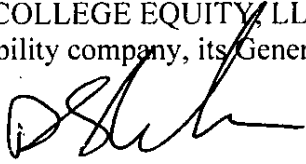
**Certificate of Status (optional):**

**\$8.75**

SIGNATURE PAGE TO 7600 COLLEGE INVESTORS, LLLP CERTIFICATE OF  
LIMITED PARTNERSHIP

7600 COLLEGE EQUITY INVESTORS, LLLP,  
a Florida limited liability limited partnership,  
its General Partner

By: 7600 COLLEGE EQUITY, LLC, a Florida  
limited liability company, its General Partner

By:   
Name: David S. Levenson  
Title: Vice President

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA