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(Requestor's Name)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TALLAHASSEE, FLORIDA

MAR 29 2016

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Seaglass Investment Holdings, 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:

Jennifer E. Zakin, Esq.

Contact Person

Redgrave & Rosenthal LLP

Firm/Company

120 E. Palmetto Park Road, Suite 400

Address

Boca Raton, FL 33432

City, State and Zip Code

jzakin@redgraveandrosenthal.com

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

For further information concerning this matter, please call:

Jennifer E. Zakin, Esq.

Name of Contact Person

at ( 561 ) 347-1700

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. Seaglass Investment Holdings, 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. 883 Gloucester Street

(Street address of initial designated office)

Boca Raton, FL 33487

3. Jennifer E. Zakin, Esq.

(Name of Registered Agent for Service of Process)

4. 120 E. Palmetto Park Road, Suite 400

(Florida street address for Registered Agent)

Boca Raton, FL 33432

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. 883 Gloucester Street

(Mailing address of initial designated office)

Boca Raton, FL 33487

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



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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

The Family Cab Corporation

883 Gloucester Street

P04000083148

Boca Raton, FL 33487

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TREASURY FLORIDA

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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 21 day of March, 2016.

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.

\_\_\_\_\_

Nadia Bohelman, President  
of The Family Cab Corporation,  
General Partner

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**