

A16000000172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

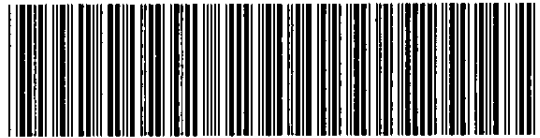
(Document Number)

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

Special Instructions to Filing Officer:

W 16-22249

Office Use Only



100283712911

03/24/16--01003--016 \*\*1000.00

TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

16 MAR 24 PM 1:39

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 MAR 24 P 12:46

FILED

MAR 30 2016

S MASON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2016

C T CORPORATION SYSTEM

SUBJECT: SPPC ASSOCIATES, LLLP  
Ref. Number: W16000022249

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 3/24

We have received your document for SPPC ASSOCIATES, 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):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return 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.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 816A00006146

RECEIVED  
16 MAR 29 AM 11:26  
TO KNOWLEDGE  
SUFFICIENCY OF FILING

**CT Corporation System**

**515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092**

**SPPC Associates, LLLP**

☐ Nonprofit

☐ Foreign

☐ Amendment

☐ Merger

☒ **Limited Partnership**

☐ LLC

☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Mark

☐ Annual Report

☐ Other

☐ Name Registration

☐ Certified Copy

☐ Fictitious Name

☐ UCC

☐ Call When Ready

☒ Walk In

☐ Photocopies

☐ Mail Out

☐ CUS

☐ After 4:30

☐ Call If Problem

☒ Pick Up

☐ Will Wait

Name

Availability \_\_\_\_\_

Document

3/24/2016

Order#:

Examiner \_\_\_\_\_

**9935869**

Updater \_\_\_\_\_

**KM**

Verifier \_\_\_\_\_

Ref#:

W.P. Verifier \_\_\_\_\_

Amount: \$

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SPPC ASSOCIATES, LLLP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** W16000022249

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

Please return all correspondence concerning this matter to:

Thomas V. Siciliano

Contact Person

Thomas V. Siciliano, P.A.

Firm/Company

980 North Federal Highway, Suite 440

Address

Boca Raton, FL 33432

City, State and Zip Code

tvslaw.com

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

For further information concerning this matter, please call:

Joan Miller

Name of Contact Person

at ( 561 ) 368-6500

Area Code and Daytime Telephone Number

~~Enclosed is a check for the following amount:~~

THE FILING FEE WAS PREVIOUSLY REMITTED UNDER DOCUMENT NUMBER W16000022249

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,<br>Certified Copy, and<br>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. SPPC ASSOCIATES, 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. 9400 West Atlantic Boulevard

(Street address of initial designated office)

Coral Springs, FL 33071

3. Thomas V. Siciliano

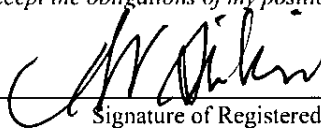
(Name of Registered Agent for Service of Process)

4. 980 North Federal Highway, Suite 440

(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. 9400 West Atlantic Boulevard

(Mailing address of initial designated office)

Coral Springs, FL 33071

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



**FILED**  
2015 MAR 24 P 12:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

James L. Page, trustee

250 Royal Palm Way

Boca Raton, FL 33432

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250 Royal Palm Way

Boca Raton, FL 33432

James L. Page, trustee

250 Royal Palm Way

Boca Raton, FL 33432

James L. Page, trustee

250 Royal Palm Way

Boca Raton, FL 33432

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 28<sup>th</sup> 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.

James L. Page, trustee

James L. Page, trustee

James L. Page, trustee

James L. Page, trustee

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**

2016 MAR 24 PM 12:43

DEPT. OF STATE  
CORPORATE SERVICES  
FLORIDA

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