

A160000000239

\_\_\_\_\_  
(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



700285534137

05/16/16--01043--013 \*\*1000.00

2016 MAY 16 A 10:30  
NOTARY OF STATE  
TAMMASEE FLORIDA

FILED

MAY 17 2016

SWARREN



O'CONNOR LAW FIRM  
YOUR PERSONAL ATTORNEY

☎ 727-539-6800  
☎ 727-536-5936

2240 Belleair Road, Suite 115  
Clearwater, FL 33764

**yourpersonalattorney.com**

[pat@yourpersonalattorney.com](mailto:pat@yourpersonalattorney.com)

May 12, 2016  
File No.: 5809-0100

Division of Corporations  
Attn: Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: RJ Burners Limited Partnership

To Whom It May Concern:

Enclosed please find the signed original and one signed copy of the Certificate of Limited Partnership with regard to the above referenced matter. We have also enclosed a check in the amount of \$1,000.00 for the filing fees of the Certificate of Limited Partnership. Please mail me the copy of the Certificate of Limited Partnership with the appropriate stamped information in the enclosed self addressed stamped envelope.

If you have any questions, please do not hesitate to call us the undersigned at (727) 539-6800.

Very truly yours,

O'CONNOR LAW FIRM

Patrick M. O'Connor, Esquire

PMO/psb  
Enclosures

CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
RJ BURNERS LIMITED PARTNERSHIP

The undersigned, desire to form a limited partnership under the Florida Revised Uniform Limited Partnership Act as set forth in Florida Statute §620.1201 et. al., make the following certificate:

1. The name of the limited partnership shall be: RJ BURNERS LIMITED PARTNERSHIP.

2. The Limited Partnership is created and formed for the purpose of engaging in all lawful business.

3. The street mailing address, location of the office and principal place of business for the limited partnership shall be 5645 BAY BOULEVARD, PORT RICHEY, FLORIDA 34668.

4. The name and business address of the general partner is SMOKYROAD, LLC, whose business address is 5645 BAY BOULEVARD, PORT RICHEY, FLORIDA 34688. L16000086123

5. The partnership shall be perpetual.

6. The registered agent and its address for service of process as required by Florida Statute §620.1114 for the limited partnership shall be:

O'CONNOR LAW FIRM  
2240 BELLEAIR ROAD, SUITE 115  
CLEARWATER, FL 33764

The undersigned shall serve as a Registered Agent until otherwise removed or he shall resign pursuant to the laws of the State of Florida.

Under penalties of perjury we declare that we have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 10 day of MAY, 2016.

WITNESSES:

General Partner

SMOKYROAD, LLC, a Florida  
limited liability company as general partner

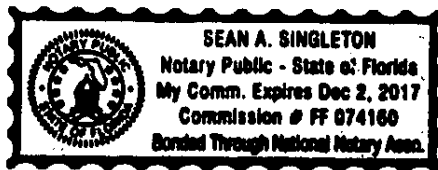
Tom T. Oskate  
Richard D. Hill


By:

Richard D. Hill  
RICHARD D. HILL, its Manager

STATE OF FLORIDA )  
COUNTY OF Pasco ) S.S.

The foregoing instrument was acknowledged before me this 10 day of May, 2016, by RICHARD D. HILL as Manager of SMOKYROAD, LLC, as general partner, on behalf of the RJ BURNERS LIMITED PARTNERSHIP, a Florida Limited Partnership. He is personally known to me or has produced FLDL H400 744 68 2180 as identification and did take an oath.




  
\_\_\_\_\_  
Notary Public  
State of Florida  
My Commission Expires:

**Acknowledgment of Registered Agent**

I hereby am familiar with and accept the duties and responsibilities as Registered Agent pursuant to Florida Statute §620.1114 for said limited partnership.

O'CONNOR LAW FIRM  
Registered Agent

By:

  
\_\_\_\_\_  
Patrick M. O'Connor, Esquire, for the firm

**FILED**  
2016 MAY 16 A 10:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA