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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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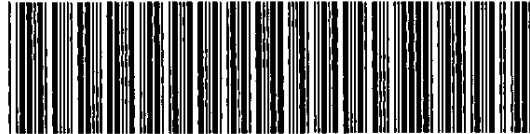
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 20 2016  
CLERK

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SICUSTOMZ COLLISION & RESTORATION L.L.P.  
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:

JUANQUINETTA ROBINSON  
Contact Person

7106 DOTTIE DRIVE EAST  
Firm/Company  
Address

JACKSONVILLE FL. 32209  
City, State and Zip Code

ROBINSON958@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUANQUINETTA ROBINSON at ( 904 ) 383-6648  
Name of Contact Person 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

FILED  
2016 JUN 17  
TALLAHASSEE, FL  
10:29 AM

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

1. SICUSTOMZ COLLISION & RESTORATION L.L.L.P.

(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. 7715 LEM TURNER ROAD JACKSONVILLE FL 32208  
(Street address of initial designated office)

3. JUANQUINETTA ROBINSON  
(Name of Registered Agent for Service of Process)

4. 7106 DOSTIE DRIVE EAST  
(Florida street address for Registered Agent)  
JACKSONVILLE FL 32209

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. 7106 Dostie Dr. E. Jax, FL 32209  
(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:

Jamall Copeland

7715 LEM TURNER ROAD  
JACKSONVILLE FL. 32208

CHRISTOPHER ROBINSON

7715 LEM TURNER ROAD  
JACKSONVILLE, FL. 32208

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 12<sup>TH</sup> day of June, 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.

[Signature] owner  
[Signature] owner

7715 Lem Turner Road Jax FL 32204  
#455 7715 LEM TURNER  
JACKSONVILLE FL. 32208

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75