

# A17000000037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

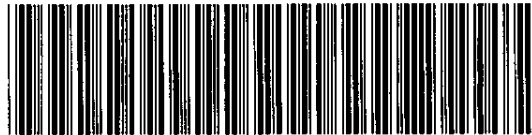
(Business Entity Name)

(Document Number)

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

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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D. BRUCE  
JAN 26 2017

For further information, you may contact the Registration Section at (850) 245-6051.

CR2E030 (09/10)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 320 MLK BLVD/LLP.

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:

JOHN HOLDER

Contact Person

EXECUTIVE MANAGEMENT CONSULTANTS INTERNATIONAL, LLC.

Firm/Company

7999 N FEDERAL HWY

Address

BOCA RATON, FL 33487

City, State and Zip Code

JOHN@EMCILLC.COM

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

For further information concerning this matter, please call:

JOHN HOLDER

Name of Contact Person

at ( 321 ) 508-4005

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

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CR2E030 (01/06)

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

1. 320 MLK BLVD,LLP.

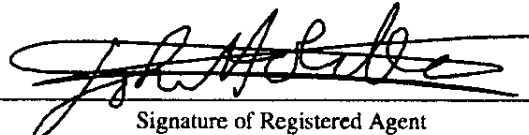
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or  
LLLP.

2. 100 E LINTON BLVD DELRAY BEACH FL 33483  
(Street address of initial designated office\)

3. EXECUTIVE MANAGEMENT CONSULTANTS  
INTERNATIONAL, LLC.  
(Name of Registered Agent for Service of Process)

4. 7999 N FEDERAL HWY BOCA RATON, FL 33432  
(Florida street address for Registered Agent)

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. 100 E LINTON BLVD SUITE 301B (Mailing address of initial  
designated office)

DELRAY BEACH, FL 33483

If limited partnership elects to be a limited liability limited partnership, check box ☒

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TALLAHASSEE, FLORIDA

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7. Name and business address of each general partner:

Name:

Business Address:

MICHEAL BALL 2355 NE OCEAN BLVD STUART FL, 34996

JOHN HOLDER 2355 RIVERIA DRIVE DELRAY BEACH FL 33445

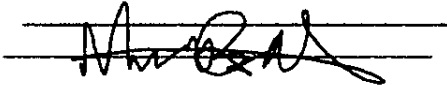
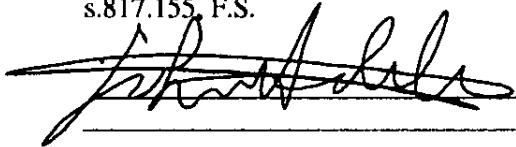
8.

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 filed by the Florida Department of State.)

Signed this 26<sup>TH</sup> day of JANUARY, 2017.

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.



Filing Fees:

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

Certified Copy (optional):

**\$52.50**

Certificate of Status (optional):

**\$8.75**

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