

A17000000542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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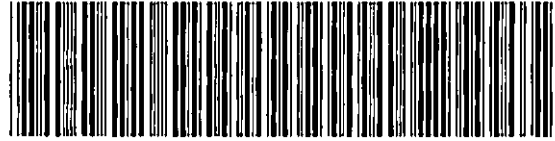
(Business Entity Name)

(Document Number)

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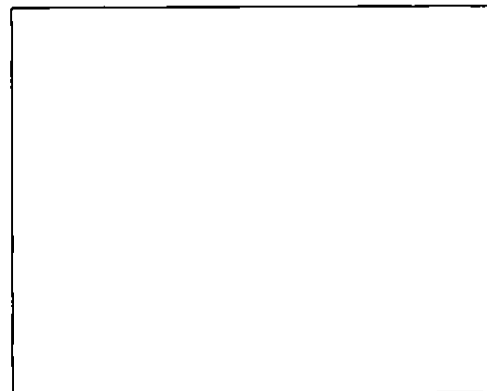
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2017 NOV -9 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/13/17--01002--007 \*\*1061.25

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ENTITY NAME:

SU FAMILY PLANT CITY, LLP

CH# 7793 FOR \$1061.25

PLEASE FILE THE ATTACHED LIMITED PARTNERSHIP & RETURN THE  
FOLLOWING:

XXX CERTIFIED COPY

\_\_\_ STAMPED COPY

XXX CERTIFICATE OF STATUS

Examiner's Initials

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

**FILED**  
**2017 NOV -9 AM 9:51**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

1. **SU FAMILY PLANT CITY, LLLP**

(Name of Limited Partnership or Limited Liability 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. 12185 S. Dixie Hwy, Miami, FL 33156

(Street Address of initial designated office)

3. Atrium Registered Agents, Inc.

(Name of Registered Agent for Service of Process)

4. 8950 SW 74<sup>th</sup> Court, Suite 1901, Miami, Florida, 33156

(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.

Atrium Registered Agents, Inc.

By: 

Ralph A. Nardi, Vice President

6. 12185 S. Dixie Hwy, Miami, FL 33156

(Mailing address of the initial designated office)

7. If the limited partnership elects to be a limited liability limited partnership check:

  X   Yes        No

8. Name and business address of each general partner:

Su Family Management, LLC  
12185 S. Dixie Hwy  
Miami, FL 33156

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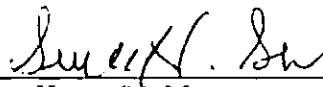
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9. Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date the document is  
filed by the Florida Department of State.)

Signed this 9th day of November, 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.

**SU FAMILY MANAGEMENT, LLC**  
**General Partner**

By:   
Sixto Henry Su, Manager