

A180000000609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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NOV 29 2018

S. PRATHER



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FLORIDA DEPARTMENT OF STATE

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 26, 2018

CORPORATE ACCESS, INC.

SUBJECT: A.T.M.S., LP
Ref. Number: W18000101834

Corrected

We have received your document for A.T.M.S., LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The name of your limited liability limited partnership cannot include a limited partnership suffix. The name must include an acceptable limited liability limited partnership suffix. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, L.L.L.P. or LLLP. Please amend your document accordingly.

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) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 518A00024015

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: 11/21 LAUREN

- ☐ **CERTIFIED COPY** _____
- ☒ **PHOTOCOPY** _____
- ☐ **CUS** _____
- ☒ **FILING** LP _____

A.T.M.S., LP

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

ADDITIONAL INSTRUCTIONS:

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

1. A.T.M.S. Real Estate, 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. 668 Route 70 West, Lakehurst, NJ 08733

(Street address of initial designated office)

3. Registered Agent Solutions, Inc.

(Name of Registered Agent for Service of Process)

4. 155 Office Plaza Dr., Suite A, Tallahassee, FL 32301

(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.

 Jacquelyn Wright, Asst. Sec.
Signature of Registered Agent

6. 155 Office Plaza Dr., Suite A, Tallahassee, FL 32301

(Mailing address of initial designated office)

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

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8. Name and business address of each general partner:

Name:

Business Address:

Mark Heck

203 K Court

Seaside Park, NJ 08752

Trisha Heck

203 K Court

Seaside Park, NJ 08752


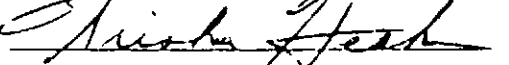
9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 19th day of November 2018

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:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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