

A19000000294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

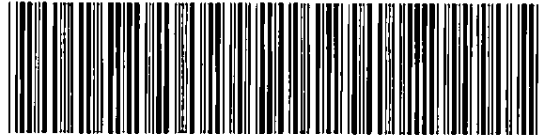
(Document Number)

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

Special Instructions to Filing Officer:

File 2nd

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 JUL 19 PM 4:42

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TALLAHASSEE, FLORIDA

19 JUL 19 AM 10:59

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JUL 22 2019  
M. SOLOMON

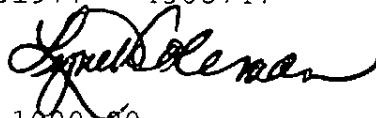
FILE 2nd

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 851977 4306747

AUTHORIZATION :



COST LIMIT : \$ 1000.00

ORDER DATE : July 19, 2019

ORDER TIME : 9:02 AM

ORDER NO. : 851977-010

CUSTOMER NO: 4306747

DOMESTIC FILING

NAME: FAT LIVE LIMITED PARTNERSHIP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP  
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**FAT Live LLC**  
560 NE 44<sup>th</sup> Street  
Oakland Park, Florida 33334

July 18, 2019

Florida Delaware Secretary of State  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, Florida 32301


***Re: Consent to Use of Name***

To Whom It May Concern:

The undersigned, on behalf of FAT Live LLC, hereby consents to the use of the name, FAT Live Limited Partnership, in the State of Florida.

**FAT Live LLC**

By: Evergreen Partners III LLC  
Its: Manager

By:   
Brian M. Poulin, Member

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

1. FAT Live Limited Partnership  
(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 L.L.P.

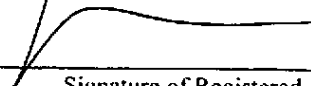
2. 560 NE 44th Street  
(Street address of initial designated office)  
Oakland Park, Florida 33334

3. Brian M. Poulin  
(Name of Registered Agent for Service of Process)

4. 560 NE 44th Street  
(Florida street address for Registered Agent)  
Oakland Park, Florida 33334

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.

**Brian M. Poulin**

  
\_\_\_\_\_  
Signature of Registered Agent

6. 560 NE 44th Street  
(Mailing address of initial designated office)  
Oakland Park, Florida 33334

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

FAT Live LLC

560 NE 44th Street

Oakland Park, Florida 33334

DEPARTMENT OF STATE  
FAC. 2143316-01 (08/07)

2019 JUL 19 PM 4:43

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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.)

**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 18th day of July, 2019

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.

Evergreen Partners III LLC

By: \_\_\_\_\_

Brian M. Poulin, Member

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**