

A 200000000053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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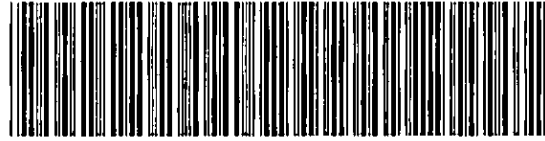
(Business Entity Name)

(Document Number)

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20 FEB 10 4:45 PM
TALLAHASSEE, FLORIDA

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FILE 2nd

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

ACCOUNT NO. : I20000000195

REFERENCE : 173607-4300043

AUTHORIZATION :

COST LIMIT : \$ 1000.00

ORDER DATE : February 7, 2020

ORDER TIME : 9:52 AM

ORDER NO. : 173607-005

CUSTOMER NO: 4300043

FILED
2020 FEB 10 PM 4:45
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: SULLIVAN FAMILY HOLDINGS LLLP

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: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: _____

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

1. SULLIVAN FAMILY HOLDINGS 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. 291 River Drive, Tequesta, FL 33469
(Street address of initial designated office)

3. Corporation Service Company
(Name of Registered Agent for Service of Process)

4. 1201 Hays Street
(Florida street address for Registered Agent)

Tallahassee, FL 32301

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.*

Corporation Service Company

By: 

Signature of Registered Agent

Lydia Cohen
Asst. Vice President

6. 291 River Drive, Tequesta, FL 33469
(Mailing address of initial designated office)

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

Name:

SULLIVAN FAMILY HOLDING COMPANY LLC

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 7th day of FEBRUARY, 2020

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.

Vito Piacente, Authorized Person on behalf

SULLIVAN FAMILY HOLDING COMPANY LLC

its Sole General Partner

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75