## A21000000348

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/Otate/Zip/r Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200368714142

RECEIVED
JUL 0 6 2021

07/07/21--01008--017 \*\*1000.00

.1 1 1 202.

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: O & S PARTNERSHIP, LLLP	
Name of Florida Limited Pa	artnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partners	ship and fees are submitted for filing.
Please return all correspondence concerning	this matter to:
Jack B. Spira	
Contact Person	
Spira, Beadle & McGarrell, P.A.	
Firm/Company	
5205 Babcock Street, Suite 1	
Address	
Palm Bay, Florida 32905	
City, State and Zip Code	
jspira@sbmlawyers.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matt	ter, please call:
Jack B. Spira	at (321 ) 725-50(H)
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amour	nt:
\$1,000.00 Filing Fees S1,008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	\$1,052.50 Filing Fees \$1,061.25 Filing Fees, and Certified Copy 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

CR2E030 (6/17)

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

O & S PARTNERSHIP, LLL	
	imited Liability Limited Partnership, which must include suffix) Acceptable Limited nership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership Partnership, L.L.L.P. or LLLP.
5205 Babeock Street, Suite I	
·	(Street address of initial designated office)
Palm Bay, Florida 32905	
Jack B. Spira	
	(Name of Registered Agent for Service of Process)
5205 Babcock Street, Suite 1	
	(Florida street address for Registered Agent)
Palm Bay, Florida 32905	
th the provisions of all statute	ment as registered agent and agree to act in this capacity. I further agree to comes relative to the proper and complete performance of my duties, and I am famili of my position as registered agent.
	Signature of Registered Agent
5205 Babcock Street, Suite 1	·
	and the control of th
	(Mailing address of initial designated office)

Page 1 of 2

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

Name:	Business Address:
G.B.J. OF BREVARD, INC.	5205 Babcock Street, Suite 1
	Palm Bay, Florida 32905
"O" CORP. OF BREVARD. INC.	5205 Babcock Street, Suite 1
	Palm Bay, Florida 32905
the Florida Department of State.) Note: If the date inserted in this bl	date of filing: or more than 90 days after the date the document is filed by ock does not meet the applicable statutory filing requirement ocument's effective date on the Department of State's records
Signed this	day of
herein are true. I/We am/are aware	/We submit this document and affirm that the facts stated that any false information submitted in a document to the nird degree felony as provided for in s.817.155, F.S. "O" CORP. OF BREY ARD, INC.
herein are true. I/We am/are aware	

Page 2 of 2