

A2100000399

(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:

Office Use Only



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2021 JUL 29 PM 2:27

11:50

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Speed Freaks LLLP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Ian Readman

Contact Person

Firm/Company

13450 73rd Ave

Address

Seminole, FL 33776

City, State and Zip Code

readmanian@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ian Readman

at (352) 223 5166

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fees.
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and
\$35 Registered Agent Status Certificate of Status
Fee)

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

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

Speed Freaks LLLP

1. _____
(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. 13450 73rd Ave

(Street address of initial designated office)
Seminole, FL 33776

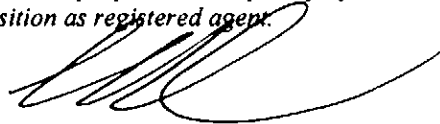
3. Ian Readman

(Name of Registered Agent for Service of Process)

4. 13450 73rd Ave

(Florida street address for Registered Agent)
Seminole FL 33776

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.



Signature of Registered Agent

6. 13450 73rd Ave

(Mailing address of initial designated office)
Seminole, FL 33776

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

2021 JUL 29 PM 2:27

8. Name and business address of each general partner:

Name:

Ian Readman

Business Address:

13450 73rd Ave

Seminole, FL, 33776

John Bailey

13438 73rd Ave

Seminole, FL 33776

James Morecraft

6215 Lafayette St

New Port Richey, FL 34652

Tory Skyers

7540 141st St N

Seminole, FL 33776

1st October 2021

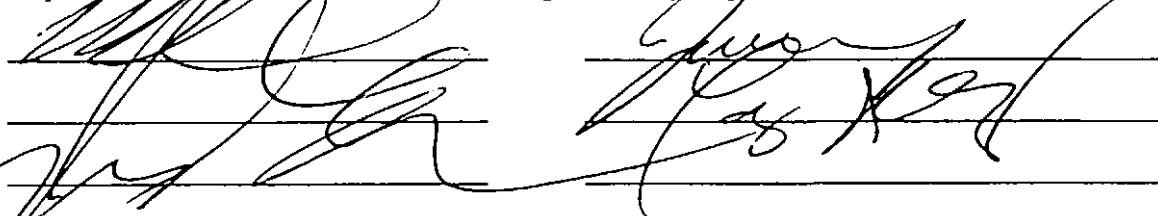
9. Effective date, if other than the date of filing: _____

(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 22nd July 2021
day of _____.

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: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75