

A220000000624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

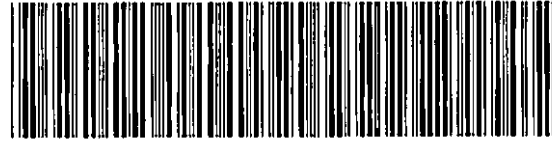
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



700396615777

APPROVED
AND
FILED

2022 NOV -4 AM 9:12

STATE OF MISSOURI
RECORDS & CLERK

11/07/22--01001--024 **1008.75

RECEIVED

2022 NOV -4 PM 4:07

STATE OF MISSOURI
RECORDS & CLERK

NOV 07 2022

K. Brumley

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$1008.75

AUTHORIZATION SIGNATURE: _____

RA FAMILY GROUP LLLP

BUSINESS (Name)

Document #

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

___ Certified Copy of Organization (please stamp each page)

 X Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
 X LLLP
___ CORP

AMMENDMENTS

___ Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Merger
___ Conversion
___ AFFIDAVID BY FOREIGN CORP.

OTHER FILINGS

___ Annual Report
___ Fictitious Name

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Statement of Partnership
___ Reinstatement
___ Other

___ APOSTIL() ___
Country

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RA FAMILY GROUP 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:

Sandra Z. Green, Esq.

Contact Person

JONATHAN H. GREEN & ASSOCIATES, P.A.

Firm/Company

901 Ponce de Leon Boulevard, Suite 601

Address

Coral Gables, Florida 33134

City, State and Zip Code

szg@jhglaw.com

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

For further information concerning this matter, please call:

Sandra Z. Green

at (305) 372-5100

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

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

1. RA FAMILY GROUP 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. 901 Ponce de Leon Boulevard, Suite 601
(Street address of initial designated office)
Coral Gables, Florida 33134

3. JONATHAN H. GREEN & ASSOCIATES, P.A.
(Name of Registered Agent for Service of Process)

4. 901 Ponce de Leon Boulevard, Suite 601
(Florida street address for Registered Agent)
Coral Gables, Florida 33134

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. 901 Ponce de Leon Boulevard, Suite 601
(Mailing address of initial designated office)
Coral Gables, Florida 33134

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

APPROVED
AND
FILED
2022 NOV - 4 AM 9:12
CLERK OF CIRCUIT
CLERK OF CIRCUIT

8. Name and business address of each general partner:

Name:

Business Address:

RA FAMILY GROUP GP, LLC

901 Ponce de Leon Boulevard, Suite 601

Coral Gables, Florida 33134

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 2nd day of November, 2022

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.

By: RA FAMILY GROUP GP, LLC, a Florida limited liability company, **GENERAL PARTNER** (Document No. L22000466885)

By: THE RA GROUP MGR, LLC, MANAGER

By: MANAGER

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