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TO ACKNOWLEDGE
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SECRETARY OF STATE

OCT 01 2015
J. BRUCE

W15-04433



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2015

CAPITAL CONNECTION
SETH

SUBJECT: THE L SQUARED, LIMITED-LIABILITY LIMITED PARTNERSHIP
Ref. Number: W15000064433

We have received your document for THE L SQUARED, LIMITED-LIABILITY LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 015A00020625

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SUFFICIENCY OF FILING

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THE L SQUARED LLLP

Signature _____

Requested by: Seth

09/30/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

THE L SQUARED, LIMITED-LIABILITY 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 LLLP.

THE L SQUARED FLORIDA OFFICE, LLLP

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Nevada 3. 10-16-08
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: 26-3645920

5. Name of Registered Agent for Service of Process and Florida Street Address:

Joseph E. Linge
1541 State Ave.
Holly Hill, FL 32117

6. 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.

Joseph E. Linge
Signature of Registered Agent

7. Principal Office:

1541 State Ave.
Holly Hill, FL 32117

8. Mailing Address:

Same

9. If limited partnership is a limited liability limited partnership, check box ☒

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Joseph H. Linge Name of General Partner: _____
Street Address: 4029 N. Waterbridge Cir. Street Address: _____
Port Orange, FL 32129
Mailing Address: Same Mailing Address: _____

Name of General Partner: Joseph E. Linge Name of General Partner: _____
Street Address: 19 Indian Springs Dr. Street Address: _____
Ormond Beach, FL 32174
Mailing Address: Same Mailing Address: _____

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TALLAHASSEE, FLORIDA

Name of General Partner: Superior Resources Name of General Partner: _____

Street Address: 4730 S. Fort Apache Rd. Suite 300 Street Address: _____

Las Vegas, NV 89147

Mailing Address: 1541 State Ave. Mailing Address: _____

Holly Hill, FL 32117

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

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 18th day of September, 20 15

Joseph F. Lopez
Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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

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 TALLAHASSEE, FLORIDA

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **THE L. SQUARED, LIMITED-LIABILITY LIMITED PARTNERSHIP**, as a limited partnership duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 16, 2008, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 25, 2015.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Secretary of State



Electronic Certificate
Certificate Number: C20150925-0126
You may verify this electronic certificate
online at <http://www.nvsos.gov/>