

A16000000584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

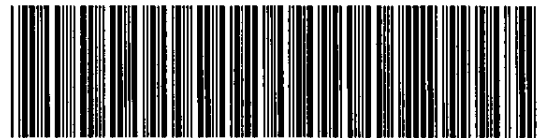
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 OCT 21 PM 2:06

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K. SALY  
OCT 27 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Link to Link, 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:

Jennifer E. Zakin, Esq.

Contact Person

Redgrave & Rosenthal LLP

Firm/Company

120 E. Palmetto Park Road, Suite 400

Address

Boca Raton, Florida 33432

City, State and Zip Code

jzakin@redgraveandrosenthal.com

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

For further information concerning this matter, please call:

Jennifer E. Zakin, Esq.

Name of Contact Person

at ( 561 ) 347-1700

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

Gerald M. Linker, Manager  
Link to Link, LLC  
881 NE 32<sup>nd</sup> Street  
Boca Raton, Florida 33431

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2016 OCT 21 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 18, 2016

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

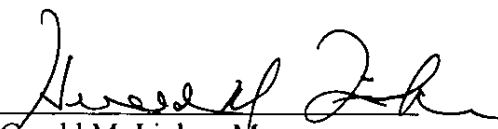
Re: Link to Link, LLLP

Dear Sir or Madam:

As the principals of Link to Link, LLLP (the "LLLP") are the same principals as Link to Link, LLC (the "LLC"), I authorize the LLLP to carry the same name as the LLC.

Please proceed with the formation of Link to Link, LLLP. Thank you in advance for your assistance.

Link to Link, LLC

By:   
Gerald M. Linker, Manager

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

**FILED**  
2016 OCT 21 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Link to Link, 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. 881 NE 32nd Street

(Street address of initial designated office)

Boca Raton, Florida 33431

3. Jennifer E. Zakin, Esq.

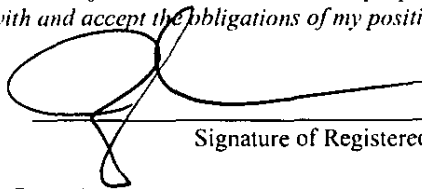
(Name of Registered Agent for Service of Process)

4. 120 E. Palmetto Park Road, Suite 400

(Florida street address for Registered Agent)

Boca Raton, Florida 33432

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. 881 NE 32nd Street

(Mailing address of initial designated office)

Boca Raton, Florida 33431

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Link to Link, LLC

881 NE 32nd Street

Boca Raton, Florida 33431

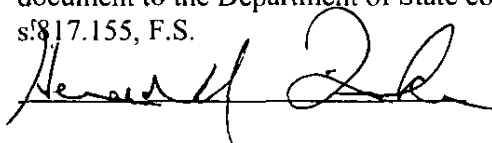
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\_\_\_\_\_

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 10<sup>th</sup> day of October

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.



MANAGER of 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**