

AU8UWUDD0750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

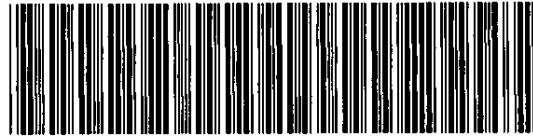
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/18/08--01045--001 **1061.25

RECEIVED

08 AUG 18 AM 10:37

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 AUG 18 PM 1:05

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG 18 2008

EXAMINER

Sonotek Research
Requester's Name

Address

City/State/Zip

Phone #

656-5454

Office Use Only

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08 AUG 18 PM 1:05
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Gentile + Steele Limited
(Corporation Name) (Document #)

2. Partnership
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☒ Foreign
☒ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

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

FILED
08 AUG 18 PM 1:05
TALLAHASSEE, FLORIDA

1. Gentile & Steele 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.

2. c/o Shutts & Bowen LLP, 201 S. Biscayne Blvd., Suite 1600

(Street address of initial designated office)

Miami, Florida 33131

3. Louis Nostro

(Name of Registered Agent for Service of Process)

4. c/o Shutts & Bowen LLP, 201 S. Biscayne Blvd., Suite 1600

(Florida street address for Registered Agent)

Miami, Florida 33131

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. Post Office Box 680730

(Mailing address of initial designated office)

Miami, Florida 33168-0730

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

8. Name and business address of each general partner:

Name:

Business Address:

Charles Steele Management Company, LLC

c/o Shutts & Bowen LLP, 201 S. Biscayne Blvd.,

Suite 1600, Miami, Florida 33131

Paul Gentile Management Company, LLC

c/o Shutts & Bowen LLP, 201 S. Biscayne Blvd.,

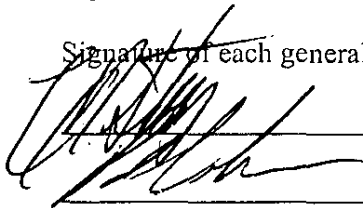
Suite 1600, Miami, Florida 33131

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 14th day of November August, 2008

Signature of each 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