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Electronic Filing Cover Sheet

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((H10000192616 3)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : KRAMER, GREEN, ZUCKERMAN, GREENE & BUCHSBAUM, P.A.
Account Number : 073707002173
Phone : (954) 966-2112
Fax Number : (954) 981-1605

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA/FOREIGN LP/LLP Financial Management Control Group, LLLP

| | |
|-----------------------|------------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$1,052.50 |

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EXAMINER

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**KRAMER GREEN
ZUCKERMAN GREENE
& BUCHSBAUM, P.A.**

4000 HOLLYWOOD BOULEVARD • SUITE 485 SOUTH • HOLLYWOOD, FL 33021

BWD. 954.966.2112 • MIAMI 305.374.4382 • BOCA 561.447.9422 • FAX 954.981.1605 • E-MAIL firm@KramerGreen.com • www.KramerGreen.com

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ROBERT M. KRAMER
MITCHELL F. GREEN
LESLIE H. ZUCKERMAN
CRAIG M. GREENE
ROBERT I. BUCHSBAUM
ERIC J. STOCKEL

September 13, 2010

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section
Florida Department of State
Division of Corporations

RE: Fax Aud. #: H10000192616
Letter Number: 510A00020684
Financial Management Control Group, LLLP

Dear Carolyn:

Per your request, we have made the necessary changes to the attached Certificate of LLLP for the above-referenced entity.

If you need further information or you have any questions, please do not hesitate to contact me.

Thank you in advance for your assistance. Have a great day!

Very truly yours,

Kramer, Green, Zuckerman, Greene
& Buchsbaum, P.A.

Cindy M. Riback
Legal Assistant to
Mitchell F. Green

CMR
Attachments

K:\MFG\FMC\FMC, LLLP\Letter to State (re Cert. of LLLP).9.13.10.doc

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINANCIAL MANAGEMENT CONTROL 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:

MITCHELL F. GREEN

Contact Person

KRAMER GREEN ET AL

Firm/Company

4000 Hollywood Blvd., Suite 485-South

Address

Hollywood, FL 33021

City, State and Zip Code

mgreen@kramergreen.com

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

For further information concerning this matter, please call:

MITCHELL F. GREEN

Name of Contact Person

at (954) 966-2112

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

CR2E030 (01/06)

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

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2010 SEP 13 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. FINANCIAL MANAGEMENT CONTROL 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. 1909 Tyler Street, # 605
(Street address of initial designated office)

Hollywood, FL 33021

3. MITCHELL F. GREEN
(Name of Registered Agent for Service of Process)

4. 4000 Hollywood Blvd., Suite 485-South
(Florida street address for Registered Agent)

Hollywood, FL 33021

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. 1909 Tyler Street, #605
(Mailing address of initial designated office)

Hollywood, FL 33021

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

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8. Name and business address of each general partner:

| <u>Name:</u> | <u>Business Address:</u> |
|-----------------------|--|
| <u>Stephen Kovacs</u> | <u>1909 Tyler Street, #605</u> <u>Hollywood, FL 33021</u> |
| <u>John A. DeVoe</u> | <u>17 Cedarbrook Rd.</u> <u>Ardmore, PA 19003</u> |
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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 27th day of August, 2010

Signature of each general partner:

Stephen Kovacs
Stephen Kovacs
Andrew DeVoe
John Andrew DeVoe

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 SECRETARY OF STATE
 ALTA HASSELL FLORIDA

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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