

A160000000/43

(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:

Office Use Only



200283270292

03/14/16--01043--011 **1052.50

FILED
2016 MAR 14 PM 3:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 16

MICHAEL D. TANNENBAUM

Attorney at Law

2161 PALM BEACH LAKES BLVD.
SUITE 304
WEST PALM BEACH, FLORIDA 33409

WWW.MDTLAWOFFICE.COM

TELEPHONE (561) 471-1406

FAX (561) 683-7551

November 7, 2011

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

RE: Caanly, Ltd.

Dear Sir or Madam:

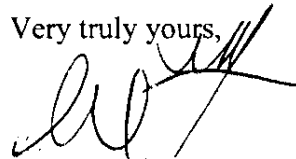
Enclosed please find the following documents:

1. Original and one copy of Certificate of Limited Partnership for Caanly, Ltd.
2. Check in the amount of \$1,052.50 for the filing fee, registered agent fee and a certified copy.
3. Self-addressed envelope.

Kindly file the above document and return the certified copy in the envelope provided.

Thank you for your cooperation in this matter. If you have any questions, please contact me.

Very truly yours,



MICHAEL D. TANNENBAUM

MDT/pr
Enclosures

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

FILED
2016 MAR 14 PM 3:18
OFFICE OF STATE
ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

1. CAANLY, LTD.

(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. 371 EAGLE DRIVE

(Street address of initial designated office)

JUPITER, FL 33477

3. LYLE B. DEIXLER

(Name of Registered Agent for Service of Process)

4. 371 EAGLE DRIVE

(Florida street address for Registered Agent)

JUPITER, FL 33477

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.*

Lyle Deixler

Signature of Registered Agent

6. 371 EAGLE DRIVE

(Mailing address of initial designated office)

JUPITER, FL 33477

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:

LYLE B. DEIXLER

371 EAGLE DRIVE

JUPITER, FL 33477

CAREN M. VENA

676 E. LAKEFRONT CIRCLE

GALLOWAY, NJ 08205

ANDREA G. SACCHETTI

676 E. LAKEFRONT CIRCLE

GALLOWAY, NJ 08205

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 8 day of MARCH, 2016.

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.

Lyle Deixler
Caren Vena
Andrea Sacchetti

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

FILED
2016 MAR 14 PM 3:18
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA