

A02000000898

Requester's Name  
624 Granada Ave.  
Address  
Venice, Fl. 33585  
City/State/Zip Phone #

Office Use Only

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUN 28 PM 3:37

FILED

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

1. \_\_\_\_\_ 600005417936--5  
(Corporation Name) (Document #) -06/06/02--01011--019  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_ 600005417936--5  
(Corporation Name) (Document #) -05/01/02--01074--001  
\*\*\*\*\*52.50 \*\*\*\*\*52.50
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

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

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

**REGISTRATION/QUALIFICATION**

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

A02-898  
af

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 6, 2002

GREGORY SILVIA  
624 GRANADA AVENUE  
VENICE, FL 34285

SUBJECT: SILVIA FAMILY LIMITED PARTNERSHIP  
Ref. Number: W02000013244

We have received your document for SILVIA FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 802A00037215

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 8, 2002

GREGORY SILVIA  
624 GRANADA AVENUE  
VENICE, FL 34285

SUBJECT: SILVIA FAMILY LIMITED PARTNERSHIP  
Ref. Number: W02000013244

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We have received your document for SILVIA FAMILY LIMITED PARTNERSHIP and check(s) totaling \$52.50 of which \$52.50 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$35.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

**LIMITED PARTNERSHIP CERTIFICATE/APPLICATION BASIC FEES**

Filing fees \$52.50 minimum - \$1750 maximum  
Registered Agent Designation \$35

The filing fee is based on the total amount contributed and anticipated to be contributed by the limited partners as shown in the affidavit at a rate of \$7 per \$1000. The filing fee for an Application to Register a Foreign Limited Partnership is based on the total amount contributed by the limited partners allocated for the purpose of transacting business in the State of Florida at a rate of \$7 per \$1000.

Certified Copy	\$52.50
(15 pages or less, \$1 for each additional page after initial 15 pages)	
Registered Agent/Office Change	\$35
Name Reservation	
(120 days nonrenewable)	\$35
Amendment	
(other than specified)	\$52.50
Affidavit Decreasing Contributions	\$52.50
Affidavit Increasing Contributions	
\$7 per \$1000 on increase only	
(\$52.50 minimum-\$1750 maximum)	
Certificate of Status or Fact	\$8.75
Cancellation	\$52.50
Resignation of Registered Agent	\$87.50

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TALLAHASSEE, FLORIDA

LP Annual Report/Uniform Business Report  
\$7 per \$1000 of invested capital  
(\$52.50 minimum - \$437.50 maximum)  
plus Supplemental Fee of \$138.75

Reinstatement

(\$500 for each year or part thereof the  
partnership was revoked plus the delinquent  
annual report/uniform business report fees)

The registered agent must sign accepting the designation.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 102A00028958



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 6, 2002

GREGORY SILVIA  
624 GRANADA AVENUE  
VENICE, FL 34285

SUBJECT: SILVIA FAMILY LIMITED PARTNERSHIP  
Ref. Number: W02000013244

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Tammi Cline  
Document Specialist

Letter Number: 802A00037215

## CERTIFICATE OF LIMITED PARTNERSHIP

1. SILVIA FAMILY LIMITED PARTNERSHIP

(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 624 GRANADA AVENUE, VENICE, FLORIDA 34285

( Business address of Limited Partnership)

3. GREGORY E. SILVIA

(Name of Registered Agent for Service of Process)

4. 624 GRANADA AVENUE, VENICE, FLORIDA 34285

(Florida street address for Registered Agent)

5. \_\_\_\_\_

(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 624 GRANADA AVENUE, VENICE, FLORIDA 34285

( Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 4/1/2027

8. Name(s) of general partner(s):

Street address:

GREGORY E. SILVIA

624 GRANADA AVENUE, VENICE, FL 34285

*Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this 1st day of April, ~~XX~~ 2002.

Signature of all general partners:

General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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TALLAHASSEE, FLORIDA

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of SILVIA FAMILY LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

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TALLAHASSEE, FLORIDA


The amount of capital contributions to date of the limited partners is \$ 1,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 1,000.00

Signed this 1st day of APRIL, 19 2002

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the  
contents thereof and that the facts stated herein are true and correct.*

  
\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner