

A04 000001085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

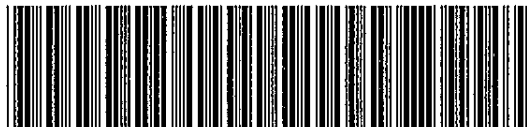
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A04-1085
OK

LAW OFFICES
ALFRED P. DENOWITZ, P.A.
SUITE 307
8751 WEST BROWARD BOULEVARD
PLANTATION, FLORIDA 33324

ALFRED P. DENOWITZ*
FRANCINE M. DENOWITZ

*ALSO ADMITTED IN CONNECTICUT

BROWARD (954) 472-5900
DADE (305) 949-9998
FAX (954) 476-2347

May 6, 2004

Florida Secretary of State
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Simon Family Limited Partnership, L.L.L.P.

Gentlemen:

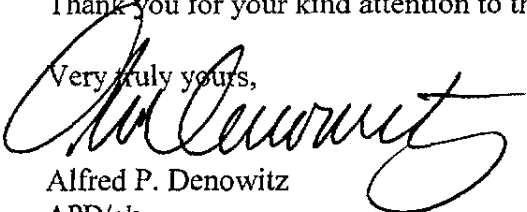
Enclosed you will find the following relating to the above limited partnership:

1. Certificate of Limited Partnership
2. Affidavit of Capital Contributions
3. Transmittal Letter
4. Statement of Qualification
5. My check in the amount of \$121.25

Please file the partnership documents and return a Certificate of Status to my office.

Thank you for your kind attention to this matter.

Very truly yours,


Alfred P. Denowitz
APD/ok

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 4, 2004

ALFRED DENOWITZ
8751 W. BROWARD BLVD., SUITE 307
PLANTATION, FL 33324

SUBJECT: SIMON FAMILY LIMITED PARTNERSHIP, L.L.L.P.
Ref. Number: W04000021541

We have received your document for SIMON FAMILY LIMITED PARTNERSHIP, L.L.L.P. and your check(s) totaling \$121.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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: 804A00038287

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES
ALFRED P. DENOWITZ, P.A.
SUITE 307
8751 WEST BROWARD BOULEVARD
PLANTATION, FLORIDA 33324

ALFRED P. DENOWITZ*
FRANCINE M. DENOWITZ

*ALSO ADMITTED IN CONNECTICUT

BROWARD (954) 472-5900
DADE (305) 949-9998
FAX (954) 476-2347
E-MAIL denowitzlaw@bellsouth.net

June 1, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Tammi Cline

Re: **Simon Family Limited Partnership LLC**
Ref. No. A03000000724

Dear Ms. Cline:

Enclosed please find the return of my original documents for filing. Please note that this entity is called the Simon Family Limited Partnership LLLP.

Please file the enclosed documents with the State.

Thank you for your kind attention to this matter.

Very truly yours,


Alfred P. Denowitz
APD/mlr

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simon Family Limited Partnership, L.L.P.
(Name of Limited Partnership)

DOCUMENT NUMBER: _____

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alfred P. Denowitz, Esq.

(Name of Person)

Alfred P. Denowitz, P.A.

(Firm/Company)

8751 W. Broward Blvd. Suite 307

(Address)

Plantation, FL 33324

and Zip Code)

For further information concerning this matter, please call:

Alfred P. Denowitz

(Name of Person)

at (954) 472-5900

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

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TALLAHASSEE, FLORIDA

LAW OFFICES
ALFRED P. DENOWITZ, P.A.
SUITE 307
8751 WEST BROWARD BOULEVARD
PLANTATION, FLORIDA 33324

ALFRED P. DENOWITZ*
FRANCINE M. DENOWITZ

*ALSO ADMITTED IN CONNECTICUT

BROWARD (954) 472-5900
DADE (305) 949-9998
FAX (954) 476-2347
E-MAIL denowitzlaw@bellsouth.net

June 28, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Tammi Cline

Re: **P. Simon Family Limited Partnership LLC**
Ref. No. W04000021541

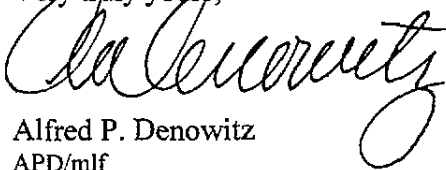
Dear Ms. Cline:

Enclosed please find substitute original documents for filing. Please note that this entity is now called the P. Simon Family Limited Partnership LLLP.

Please file the enclosed documents with the State.

Thank you for your kind attention to this matter.

Very truly yours,



Alfred P. Denowitz
APD/mlf

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP


The undersigned individual, does hereby execute the following document and set forth:

1. The name of the limited partnership is **P. SIMON FAMILY LIMITED PARTNERSHIP, LLLP**
2. The street and mailing address of its office is 5570 La Gorce Drive, Miami Beach, Florida 33140.
3. The name and address of its registered Agent for Service of Process is **PIRHIA SIMON**, 5570 La Gorce Drive, Miami Beach, Florida 33140.
4. The names, street and mailing address of the General Partner is **PIRHIA SIMON**, 5570 La Gorce Drive, Miami Beach, Florida 33140.
5. The latest date upon which the Limited Partnership is to dissolve is December 31, 2054, unless otherwise extended by unanimous action by the Partners.

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

Signed this April 27, 2004.

By:


PIRHIA SIMON
General Partner

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The undersigned constituting all of the general partners of _____
P. Simon Family Limited Partnership

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 990.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 990.00.

Signed this 27 day of April, 2004.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF BROWARD

PERSONALLY appeared before me this day, the undersigned authority in and for said county and state, on this 27 day of April, 2004, the within named **PIRHIA SIMON**, personally known to me or who produced a Florida Driver's License, who, acknowledged before me that she executed the foregoing Certificate of Limited Partnership on the day and year therein mentioned. I declare under the penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Michelle L. Geary
NOTARY PUBLIC
My Commission Expires:



Michelle L. Geary
Commission # CC 960874
Expires Aug. 14, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

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TALLAHASSEE, FLORIDA