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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L & M Consulting, LLLP
(Name of Limited Partnership)

The enclosed Supplemental Affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria L. Wilczewski
(Name of Person)

L & M Consulting, LLLP
(Firm/Company)

228 SW Fernleaf Trail
(Address)

Port Saint Lucie, FL 34953
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria L. Wilczewski at (772) 873-9803
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 7, 2004

MARIA L. WILCZEWSKI
L & M CONSULTING, LLLP
228 SW FERNLEAF TRAIL
PORT SAINT LUCIE, FL 34953

SUBJECT: L & M CONSULTING, LLLP
Ref. Number: W04000025886

We have received your document for L & M CONSULTING, LLLP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 620.108, Florida Statutes, an affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners must accompany the certificate of limited partnership. The affidavit must be signed by all general partners.

The registered agent must sign accepting the designation.

You must send an additional \$25.00 to file the Statement of Qualification for LLLP status.,

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 104A00043548

CERTIFICATE OF LIMITED PARTNERSHIP

1. L & M Consulting, LLLP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 228 SW Fernleaf Trail Port Saint Lucie, FL 34953
(Business address of Limited Partnership)
3. Maria L. Wilczewski
(Name of Registered Agent for Service of Process)
4. 228 SW Fernleaf Trail Port Saint Lucie, FL 34953
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 228 SW Fernleaf Trail Port Saint Lucie, FL 34953
(Mailing Address of the Limited Partnership)

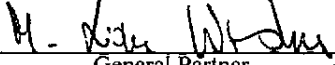
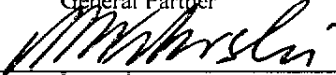
7. The latest date upon which the Limited Partnership is to be dissolved is: July 1, 2024
8. Name(s) of general partner(s): _____ Street address: _____

<u>Maria L. Wilczewski</u>	<u>228 SW Fernleaf Trail</u>
_____	<u>Port Saint Lucie, FL 34953</u>
<u>Marek M. Wilczewski</u>	<u>228 SW Fernleaf Trail</u>
_____	<u>Port Saint Lucie, FL 34953</u>

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 28th day of June, 2004

Signature of all general partners:

<u></u> General Partner	_____ General Partner
<u></u> General Partner	_____ General Partner
_____ General Partner	_____ General Partner

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

The undersigned general partners of

L & M Consulting, LLLP

_____, a
Florida Limited Partnership, executed this _____ affidavit filed pursuant to section 620.112,
Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 12,500.00.

This 13 day of July, 2004.

FURTHER AFFLIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

General Partner(s)

Maria L. Wilczewski



Marek M. Wilczewski



Fees:

\$7 per \$1000, based on additional
contributions

Minimum \$ 52.50

Maximum \$1750.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314