# A0600000242

· · · · · · · · · · · · · · · · · · ·	*
(Requestor's Name)	
(Address)	
(Address)	
(City/\$tate/Zip/Phone #)	
(Ordyplates Zipi Filolie #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
113 713	
<u> </u>	

Office Use Only



300062491033

NI/N4/N6-NINN2-NOS \*\*1897.50

SECTION OF PART OF

OR INV -I. DW O.

## C. J. WAHRMAN III, P.A.

**ATTORNEY AT LAW** 

3200 N. MILITARY TRAIL SUITE 200 BOCA RATON, FLORIDA 33431

TELEPHONE (954) 691-6042 FACSIMILE (561) 997-8737

C. J. WAHRMAN III, J.D., LL.M.

December 29, 2005

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

Re: The Guzzardo Family Limited Partnership

Dear Sir or Madam:

Enclosed for filing with respect to the above-referenced entity is the Certificate of Limited Partnership of The Guzzardo Family Limited Partnership (original and copy), together with check no. 9587 in the amount of \$1,837.50 representing the filing fee, the cost of a certified copy and the fee for a registered agent designation.

Upon completion of the filing process, please return a certified copy of the certificate to this office in the enclosed pre-addressed envelope. If you have any questions, please do not hesitate to contact me. Thank you for your attention to this matter.

Very truly yours,

C. J. Wahrman III

C. J. Wahiman III

CJW/ Enclosures

cc: Gary and Lynn Guzzardo (w/o enclosures)



January 5, 2006

C.J. WAHRMAN III 3200 N. MILITARY TRAIL, STE. 200 BOCA RATON, FL 33431

SUBJECT: THE GUZZARDO FAMILY LIMITED PARTNERSHIP

Ref. Number: W0600000517

We have received your document for THE GUZZARDO FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because of recent changes to Chapters 607, 608, and 620, Florida Statutes, which became effective January 1, 2006, your document does not meet current filing requirements. For your convenience, we are enclosing the correct form and instructions.

The fee to file a Certificate of Limited Partnership for a Florida limited partnership or limited liability limited partnership is \$1,000 (\$965 filing fee and \$35 registered agent designation fee). Please include an additional \$52.50 for each certified copy requested and an additional \$8.75 for each certificate of status requested.

Enclosed is an application for refund. Please sign and return and allow at least 60 to 90 days for the refund to be processed.

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) 245-6853.

Letter Number: 506A00000786

Leslie Sellers Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

### C. J. WAHRMAN III, P.A.

ATTORNEY AT LAW

3200 N. MILITARY TRAIL SUITE 200 BOCA RATON, FLORIDA 33431

TELEPHONE (954) 691-6042 FACSIMILE (561) 997-8737

C. J. WAHRMAN III, J.D., LL.M.

February 7, 2006

Florida Department of State Division of Corporations Attn: Leslie Sellers P.O. Box 6327 Tallahassee, FL 32314

Re: The Guzzardo Family Limited Partnership

Dear Ms. Sellers:

As we discussed, I am returning the Certificate of Limited Partnership of The Guzzardo Family Limited Partnership for filing. Because the limited partnership is not a limited liability limited partnership, we feel the enclosed certificate substantially complies with subsection (1) of F.S. § 620.1201.

We will send the Application for Refund under separate cover. Upon completion of the filing process, please return a certified copy of the certificate to this office in the enclosed pre-addressed envelope. If you have any questions, please do not hesitate to contact me. Thank you for your attention to this matter.

Very truly yours,

C. J. Wahrman III

C.J. Wahrman III

CJW/ Enclosures

cc: Gary and Lynn Guzzardo (w/o enclosures)

06 JAN -4 PM 2: 03

#### CERTIFICATE OF LIMITED PARTNERSHIP

#### OF

# THE GUZZARDO FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership

The undersigned, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Part I, Chapter 620 of the Florida Statutes, hereby states the following:

- 1. The name of the limited partnership is THE GUZZARDO FAMILY LIMITED PARTNERSHIP (the "Partnership").
- 2. The address of the office of the Partnership is 2150 SE Salerno Road, Suite 202, Stuart, Florida 34997.
- 3. The name and address of the agent for service of process on the Partnership are Gary J. Guzzardo, 2150 SE Salerno Road, Suite 202, Stuart, Florida 34997.
- 4. The name and business address of the General Partners are Gary J. Guzzardo, as trustee of the Gary J. Guzzardo Revocable Trust of 2001, 2150 SE Salerno Road, Suite 202, Stuart, Florida 34997, and Lynn M. Guzzardo, as trustee of the Lynn M. Guzzardo Declaration of Trust, 2150 SE Salerno Road, Suite 202, Stuart, Florida 34997.
  - 5. The latest date upon which the Partnership shall dissolve is December 31, 2050.

The execution of this Certificate by the undersigned General Partners constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

**GENERAL PARTNERS:** 

GARY J. GUZZARDO REVOCABLE

TRUST OF 2001

Gary I. Guzzardo Trustee

Tustee

6 JAN -4 PM

-

LYNN M. GUZZARDO DECLARATION

OF TRUST

: <u>AGNN 19 XJU22010</u> Lynn M. Guzzardo, Trustee

STATE OF FLORIDA COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 4 day of 18 day of 2005, by Gary J. Guzzardo, as trustee of the Gary J. Guzzardo Revocable Trust of 2001, and by Lynn M. Guzzardo, as trustee of the Lynn M. Guzzardo Declaration of Trust, the General Partners of The Guzzardo Family Limited Partnership, and who are personally known to me or who produced the following as identification: Fl. drum 18 - 6 213-533-62-783-

Patricia Lynn Schiavi
Commission # DD342566
Expires September 6, 2008
Bonder Troy Fain - Insurance, Inc. 800-385-7019

atricia Signa Schiave

#### ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

I hereby accept the appointment as the initial Registered Agent of The Guzzardo Family Limited Partnership as made in the foregoing Certificate of Limited Partnership.

Date: 14 , 2005

pary J. Guzzardo, Initial Registered Agent

06 JAN -4 PM 2: 03 SECHETARY OF STATE