

AL000001162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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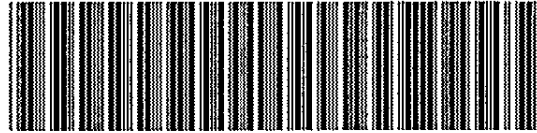
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/25/06--01028--015 **1061.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2006

BRIAN C. PERLIN
201 ALHAMBRA CIRCLE, #503
CORAL GABLES, FL 33134

SUBJECT: DJS, LTD.
Ref. Number: W06000042223

We have received your document for DJS, LTD. and your check(s) totaling \$1061.25. 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: 306A00057309

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DJS, LTD.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Brian C. Perlin

(Contact Person)

Brian C. Perlin, P.A.

(Firm/Company)

201 Alhambra Circle, #503

(Address)

Coral Gables, FL 33134

(City, State and Zip Code)

For further information concerning this matter, please call:

Brian C. Perlin

(Name of Contact Person)

at (305) 443-3104

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☒ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

CR2E030 (01/06)

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TALLAHASSEE, FLORIDA

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BRIAN C. PERLIN
ATTORNEY AT LAW
201 ALHAMBRA CIRCLE
SUITE 503
CORAL GABLES, FLORIDA 33134

FLORIDA BAR BOARD CERTIFIED
WILLS, TRUSTS & ESTATES

TELEPHONE (305) 443-3104
FAX (305) 443-0106

October 6, 2006

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

Attn: Ms. Tammi Cline

Re: DJS Baumgard, LTD.

Dear Ms. Cline:

Enclosed please find a copy of your letter dated September 26, 2006, and the corrected Certificate of Limited Partnership for the above-referenced entity.

If you should have any questions regarding the enclosed, please do not hesitate to call me.

Very truly yours,


Brian C. Perlin

BCP/lp

Enclosures

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TALLAHASSEE, FLORIDA

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

1. DJS BAUMGARD, 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. 1575 San Ignacio Avenue, Suite 100
(Street address of initial designated office)

Coral Gables, FL 33146

3. Brian C. Perlin
(Name of Registered Agent for Service of Process)


4. 201 Alhambra Circle, #503
(Florida street address for Registered Agent)

Coral Gables, FL 33134

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TALLAHASSEE, FLORIDA

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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.*



Signature of Registered Agent

6. 1575 San Ignacio Avenue, Suite 100
(Mailing address of initial designated office)

Coral Gables, FL 33146

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:

Daniel Louis Baumgard

1575 San Ignacio Avenue, #100

Coral Gables, FL 33146

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TALLAHASSEE, FLORIDA

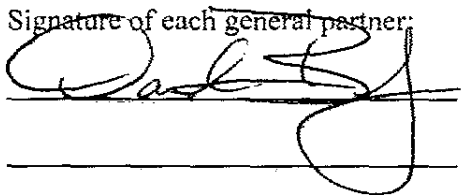
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9. Effective date, if other than the date of filing:

(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 21st day of September, 2006

Signature of each general partner:



Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75