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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

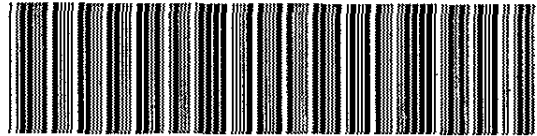
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bolender Family Enterprises, Limited

(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:

Bruce F. Iden, Esq.

(Contact Person)

Milledge & Iden

(Firm/Company)

3240 Corporate Way

(Address)

Miramar, Florida 33025

(City, State and Zip Code)

For further information concerning this matter, please call:

Bruce F. Iden

(Name of Contact Person)

at (954)

88-0085

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

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

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

1. Bolender Family Enterprises, Limited

(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. 601 N.E. 42 Street

(Street address of initial designated office)

Fort Lauderdale, Florida 33308

3. Bolender Enterprises, Inc.

(Name of Registered Agent for Service of Process)

4. 601 N.E. 42 Street, Fort Lauderdale, Florida 33308

(Florida street address for Registered Agent)

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.*

Bolender Enterprises, Inc.

By: Charles L. Bolender, President

Signature of Registered Agent

6. 601 N.E. 42 Street, Fort Lauderdale, Florida 33308

(Mailing address of initial designated office)

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: _____

Bolender Enterprises, Inc.

601 N.E. 42 Street

Fort Lauderdale, Florida 33308

442147

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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 15th day of January, 2007

Signature of each general partner:

Bolender Enterprises, Inc.

By: Charles L. Bolender, President

Charles L. Bolender

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75