

AO 700000577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

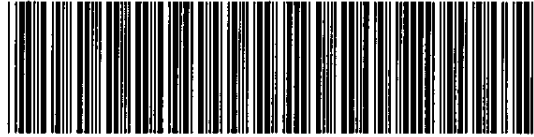
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE FLORIDA

DB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Robert M Van Duys Family Limited Partnership
(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:

Robert M Van Duys
(Contact Person)

(Firm/Company)

540 South Federal Hwy
(Address)

Deerfield Bch FL 33441
(City, State and Zip Code)

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TALLAHASSEE FLORIDA
FBI

For further information concerning this matter, please call:

Robert Van Duys at (954) 426-1234
(Name of Contact Person) (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

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

1. Robert M Van Duys Family L. P.

(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. 540 South Federal Hwy
(Street address of initial designated office)

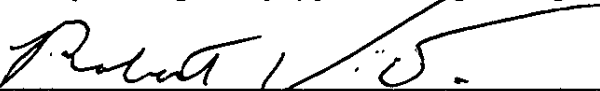
Deerfield Bch FL 33441

3. Robert Van Duys
(Name of Registered Agent for Service of Process)

4. 540 South Federal Hwy
(Florida street address for Registered Agent)

Deerfield Bch FL 33441

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. 540 South Federal Hwy
(Mailing address of initial designated office)

Deerfield Bch FL

7. If limited partnership elects to be a limited liability limited partnership, check box

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TALLAHASSEE FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

Robert M Van Duye

5893 NW 81 Ave

Parkland FL 33067

Holly I Van Duye

5893 NW 81 Ave

Parkland FL 33067

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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 26th day of March, 2007.

Signature of each general partner:

Robert Van Duye

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