

A07000000618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

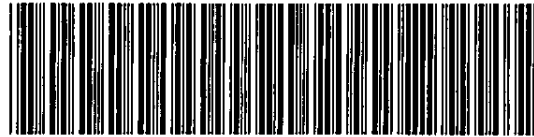
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400095876724

04/09/07--01036--024 **1052.50

Effective Date 4/11/07

~~6237-17814~~
NP cannot convert
NO6-6625

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 APR -9 PM 2:01

BLT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2007

FREDA STEVENS
DFS FAMILY PARTNERSHIP, LLLP
4611 S. UNIVERSITY DR.
DAVIE, FL 33328

SUBJECT: DFS FAMILY PARTNERSHIP, LLLP
Ref. Number: W07000017814

We have received your document for DFS FAMILY PARTNERSHIP, LLLP and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes prohibit a Florida non-profit corporation from converting into a Florida limited liability company, profit corporation, partnership, limited liability partnership, limited partnership or limited liability limited partnership. A Florida non-profit corporation may be a party to a merger involving one or more of these types of business entities; however, the Florida non-profit corporation must be the surviving entity.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

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) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 507A00024440

Brenda,

please refund the

difference (\$2.50) to

me at the address

provided. Thank you,

Frieda Stevens

7644223673

9545777729

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DFS Family Limited Partnership, LLP.
(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:

Freda Stevens

(Contact Person)

DFS Family Limited Partnership, LLLP

(Firm/Company)

4611 S. University Drive Suite 406

(Address)

Davie, Florida 33328

(City, State and Zip Code)

For further information concerning this matter, please call:

Freda Stevens

(Name of Contact Person)

at (954) 577-7779

(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. DFS Family Limited Partnership, LLLP

(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 L.L.L.P.*

Effective Date 4/11/07

2. 4611 S. University Drive Suite 406

(Street address of initial designated office)

Davie, Florida 33328

3. Daric Stevens

(Name of Registered Agent for Service of Process)

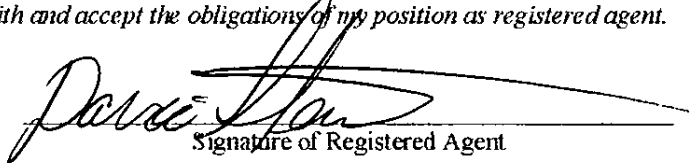
4. 4611 S. University Drive Suite 406

(Florida street address for Registered Agent)

Davie, Florida 33328

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DIVISION OF CORPORATIONS

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. 4611 S. University Drive Suite 406

(Mailing address of initial designated office)

Davie, Florida 33328

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:

Freda Stevens

4611 S. University Drive Suite 406

Davie, Florida 33328

Daric A. Stevens

4611 S. University Drive Suite 406

Davie, Florida 33328

9. Effective date, if other than the date of filing: April 11, 2007

(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 11th day of April, 2007

Signature of each general partner:

Freda Stevens

Daric Stevens

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75