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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES

JOSEPH D. FARISH, JR., LLC

316 BANYAN BOULEVARD

WEST PALM BEACH, FLORIDA 33401

JOS. D. FARISH (1892-1977)
JOS. D. FARISH, JR.

July 2, 2007

PLEASE REPLY TO:
P.O. BOX 4118
WEST PALM BEACH, FLORIDA 33402
TELEPHONE (561) 659-3500
FAX (561) 655-3158

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

Re: Thorstad Family Limited Liability Limited
Partnership

To Whom It May Concern:

Enclosed please find original cover letter and Thorstad Family Limited Liability Partnership Operating Agreement for registration. Also enclosed please find a check made payable to the Florida Department of State in the amount of \$1,061.25 for the \$1,000.00 filing fee, the certified copy fee of \$52.50 and the certificate of status fee \$8.75.

Please return the certified copy and certificate of status to me at the above address. Thank you for your anticipated attention to this matter.

Yours very truly,


Joseph D. Farish, Jr.

JDFJr:lmok
Enc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THORSTAD FAMILY LIMITED LIABILITY 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:

JOSEPH D. FARISH, JR. TRIAL PRACTICE - PERSONAL INJURY & WRONGFUL DEATH	
LAW OFFICES JOSEPH D. FARISH, JR., LLC P.O. BOX 4118 WEST PALM BEACH, FL 33402 TELEPHONE (561) 659-3500	DENCO BUILDING 316 BANYAN BOULEVARD WEST PALM BEACH, FL 33401 FAX (561) 695-3159 (800) 401-4LAW

For further information concerning this matter, please call:

JANILE L. THORSTAD at (561) 655-8440
(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

CR2E030 (01/06)

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

1. THORSTAD FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

(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. 1911 N. Flagler Drive
(Street address of initial designated office)

West Palm Beach, FL 33407

3. JANICE L. THORSTAD
(Name of Registered Agent for Service of Process)

4. 1911 N. Flagler Drive
(Florida street address for Registered Agent)

West Palm Beach, FL 33407

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.*

Janice Lee Thorstad
Signature of Registered Agent

6. 1911 N. Flagler Drive
(Mailing address of initial designated office)

West Palm Beach, FL 33407

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:

G. FINCH CORP.

1911 N. Flagler Drive

West Palm Beach, FL 33407

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 7th day of JUNE, 2007.

Signature of each general partner:

x Janice Lee Howard

x Michael Stauden Thontet

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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