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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

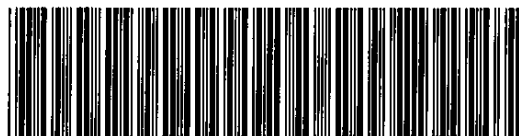
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

HALL & ANDERSON, P. A.
ATTORNEYS AT LAW

1314 EAST VENICE AVENUE
SUITE E
VENICE, FLORIDA 34285

ROBERT C. ANDERSON
WAYNE C. HALL*

Telephone: (941) 480-0999
Facsimile: (941) 480-1446
Website: www.lawyers.com/ha-law
E-mail: whall@hall-anderson.com

**Board Certified Wills, Trusts,
and Estates Lawyer*

August 1, 2007

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: **W. A. ROBERTS, LLC and WAYNE ROBERTS FAMILY LIMITED
PARTNERSHIP**

Gentlemen:

Enclosed are the original and one (1) copy of the Articles of Organization for W. A. Roberts, LLC, together with a check for \$125.00 representing payment of the filing fee.

Also enclosed are the original and one (1) copy of the Certificate of Limited Partnership for Wayne Roberts Family Limited Partnership, together with a check for \$1,000.00 representing payment of the following fees:

Filing Fee	\$ 965.00
Designation of Registered Agent	<u>\$ 35.00</u>
	\$1,000.00

Please file the enclosed Articles of Organization and Certificate of Limited Partnership and return certified copies of same to us.

Your assistance and cooperation is greatly appreciated.

Very truly yours,



Debra Cristello, ACP, CFLA
Certified Paralegal

/dlc

Enclosures

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

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TALLAHASSEE, FLORIDA

1. WAYNE ROBERTS FAMILY 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. 750 EAGLE POINT DRIVE

(Street address of initial designated office)

VENICE, FLORIDA 34285

3. WAYNE A. ROBERTS

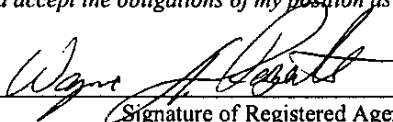
(Name of Registered Agent for Service of Process)

4. 750 EAGLE POINT DRIVE

(Florida street address for Registered Agent)

VENICE, FLORIDA 34285

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. 750 EAGLE POINT DRIVE

(Mailing address of initial designated office)

VENICE, FLORIDA 34285

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:

W. A. ROBERTS, LLC

750 EAGLE POINT DRIVE

VENICE, FLORIDA 34285

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 filed by the Florida Department of State.)

Signed this 1st day of AUGUST, 2007.

Signature of each general partner: _____

W. A. ROBERTS, LLC

By: _____

WAYNE A. ROBERTS, as Manager of W. A. ROBERTS, LLC, 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

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