

A07000000959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

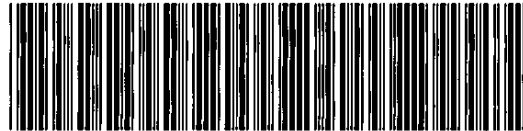
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten Signature]

Office Use Only



800107517358

08/13/07--01008--002 **1052.50

RECEIVED
07 AUG 13 AM 10:07
OFFICE OF CORPORATIONS
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA
FILED
07 AUG 13 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sonotek Research

Requester's Name

Address

City/State/Zip

Phone #

6565454

Office Use Only

FILED
07 AUG 13 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Fed-Gutstream Limited

(Corporation Name)

(Document #)

2. Partnership

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

(Corporation Name)

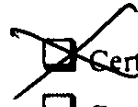
(Document #)



Walk in



Pick up time



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS



Profit



Not for Profit



Limited Liability



Domestication



Other

AMENDMENTS



Amendment



Resignation of R.A., Officer/Director



Change of Registered Agent



Dissolution/Withdrawal



Merger

OTHER FILINGS



Annual Report



Fictitious Name

REGISTRATION/QUALIFICATION



Foreign



Limited Partnership



Reinstatement



Trademark



Other

Examiner's Initials

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

1. (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.P., LLP, or LLLP.

FED-GULFSTREAM LIMITED PARTNERSHIP

2. (Street address of initial designated office)

9901 DONNA KLEIN BOULEVARD, BOCA RATON, FL 33428-8788

3. (Name of Registered Agent for Service of Process)

Albert W. Gortz

4. (Florida street address for Registered Agent)

2255 Glades Road, Suite 340W, Boca Raton, FL 33431

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. (Mailing address of initial designated office)

2255 Glades Road, Suite 340W, Boca Raton, FL 33401

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

Page 1 of 2

FILED
07 AUG 13 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Fed-Gulfstream GP, Inc.

9901 Donna Klein Boulevard

P07000089815

Boca Raton, FL 33428-8788

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

N/A

(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 9th day of August, 2007 .

Signature of each general partner:

Fed-Gulfstream GP, Inc.

By: 

George A. Pincus, Asst. Secretary

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

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

Page 2 of 2