

A07000001422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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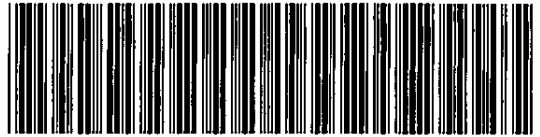
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A07-1422  
OK 12-27

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Frommer 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:

Lawrence I. Garbuz, Esq.

(Contact Person)

Lewis and Garbuz, P.C.

(Firm/Company)

60 East 42nd Street, Suite 4700

(Address)

New York, New York 10165

(City, State and Zip Code)

For further information concerning this matter, please call:

Lawrence I. Garbuz at ( 212 ) 867-9140

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fees  
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy and  
\$35 Registered Agent Status Certificate of Status  
Fee)

**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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. Frommer 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. 8911 Collins Avenue, Unit 901

(Street address of initial designated office)

Surfside, FL 33154

3. Ruth Frommer

(Name of Registered Agent for Service of Process)

4. 8911 Collins Avenue, Unit 901

(Florida street address for Registered Agent)

Surfside, FL 33154

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. 8911 Collins Avenue, Unit 901

(Mailing address of initial designated office)

Surfside, FL 33154

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

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8. Name and business address of each general partner:

Name:

Business Address:

Ruth L. Frommer

8911 Collins Avenue, Unit 901  
Surfside, FL 33154

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

DECEMBER 31, 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

5th

day of

AUGUST

2007

Signature of each general partner:

Ruth L. Frommer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**