

A07000001428

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(Address)

(City/State/Zip/Phone #)

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2007 DEC 17 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A07-1428

T. CLINE

DEC 28 2007

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 19, 2007

JEFFREY KAHN  
11555 HERON BAY BLVD., SUITE 102  
CORAL SPRINGS, FL 33076

SUBJECT: SCHMIDT FAMILY HOLDINGS, LLLP  
Ref. Number: W07000061218

We have received your document for SCHMIDT FAMILY HOLDINGS, LLLP and check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$845.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fee to file a Certificate of Limited Partnership for a Florida limited partnership or limited liability limited partnership is \$1,000 (\$965 filing fee and \$35 registered agent designation fee). Please include an additional \$52.50 for each certified copy requested and an additional \$8.75 for each certificate of status requested.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 307A00070771

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# LAW OFFICES OF JEFFREY B. KAHN, P.A.

WWW.KAHNTAXATTORNEY.COM

JEFFREY B. KAHN, LL.M.(TAX)  
BOARD CERTIFIED TAX LAW

E-MAIL: JKAHN@ATTORNEY-CPA.COM

CORAL SPRINGS OFFICE:  
11555 HERON BAY BLVD, SUITE 102  
CORAL SPRINGS, FLORIDA 33076  
TELEPHONE: 954-757-6100 FACSIMILE: 954-757-6110

BOYNTON BEACH OFFICE:  
2500 QUANTUM LAKES DRIVE, SUITE 203  
BOYNTON BEACH, FLORIDA 33426  
TELEPHONE: 561-853-2103 FACSIMILE: 561-853-2199

REPLY TO: CORAL SPRINGS

December 20, 2007

## VIA FEDERAL EXPRESS

ATTN: Tammy Kline  
Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: **SCHMIDT FAMILY HOLDINGS, LLLP**  
**Document# W07000061218**

Dear Ms. Kline:

I am enclosing a check made payable to the Department of State in the amount of \$845.00 covering the deficient filing fees for the above. We do not need a certified copy.

Please return proof of filing to me at the address indicated above.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

  
Jeffrey B. Kahn

Encl.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TELEPHONE: 561-853-2103 FACSIMILE: 561-853-2199

REPLY TO: CORAL SPRINGS

December 17, 2007

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: SCHMIDT FAMILY HOLDINGS, LLLP**

Dear Sir/Madam:

I am enclosing the Articles Of Organization for the above referenced limited liability company to be filed with the Department of State.

Also enclosed is a check made payable to the Department of State in the amount of \$155.00 covering the filing fees for the above and the cost of a certified copy of the Articles Of Organization.

Please return the certified copy and proof of filing to me at the address indicated above.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

  
Jeffrey B. Kahn

Encl.

2007 DEC 17 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

The undersigned, desiring to form a limited liability limited partnership under the Florida Revised Uniform Limited Partnership Act hereby states the following:

1. The name of the Limited Liability Limited Partnership is:

**SCHMIDT FAMILY HOLDINGS, LLLP**

2. The initial designated office of the Limited Liability Limited Partnership is located at:

11900 Ashford Lane  
Davie, FL 33325

3. The name and address of the Registered Agent for Service of Process is:

**Jeffrey B. Kahn, Esq.**  
11555 Heron Bay Boulevard, Suite 102  
Coral Springs, FL 33076

4. The mailing address for the Limited Liability Limited Partnership is:

11900 Ashford Lane  
Davie, FL 33325

5. This limited partnership elects to be a Limited Liability Limited Partnership.

6. The name and business address of each General Partner are:

Marcia A. Schmidt  
11900 Ashford Lane  
Davie, FL 33325

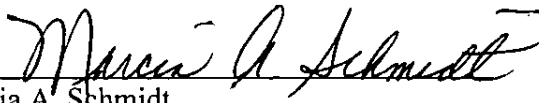
7. The Effective Date of this Certificate is the 17<sup>th</sup> day of December, 2007.

**[signatures on following page]**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned has executed this Certificate as of this 17<sup>th</sup> day of December, 2007.

**GENERAL PARTNER:**

  
\_\_\_\_\_  
Marcia A. Schmidt

ACCEPTANCE AS RESIDENT AGENT

I HEREBY ACCEPT the foregoing 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.

  
\_\_\_\_\_  
Jeffrey B. Kahn, Esq.

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TALLAHASSEE, FLORIDA