

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : LEO J. SALVATORI
Account Number : I20030000112
Phone : (239) 263-1480
Fax Number : (239) 649-0158

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FLORIDA/FOREIGN LP/LLLP

Then Limited Partnership

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$1,061.25

D. BRUCE

JAN 17 2008

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Jan. 17. 2008 1:57PM

((H08000014216 3)))
COVER LETTER

No. 2278 P. 2

TO: Registration Section
Division of Corporations

SUBJECT: Then 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:

Blake W. Kirkpatrick, Esq.

(Contact Person)

Salvatori & Wood, P.L.

(Firm/Company)

4001 Tamiami Trail North, Suite 330

(Address)

Naples, FL 34103

(City, State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Blake W. Kirkpatrick, Esq. at (239) 263-1480

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status
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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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**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Then 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. 3817 Wax Myrtle Run

(Street address of initial designated office)

Naples, FL 34112

3. Salvatori & Wood, P.L.

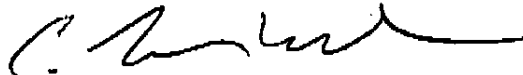
(Name of Registered Agent for Service of Process)

4. 4001 Tamiami Trail North, Suite 330

(Florida street address for Registered Agent)

Naples, FL 34112

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. 3817 Wax Myrtle Run

(Mailing address of initial designated office)

Naples, FL 34112

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:

Big Ben Investment Partners, LLC, Alan M. Than, Manager

3817 Wax Myrtle Run

Naples, FL 34112

L0700026510

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 16th day of January, 2008

Signature of each general partner:

[Signature]

1/16/2008

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

Page 2 of 2

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