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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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Thomas FEB - 5 2008

Thomas FEB - 5 2008

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WIRAS, LLC

(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:

LAURA ANTHONY

(Contact Person)

LEGAL & COMPLIANCE, LLC

(Firm/Company)

330 CLEMATIS ST., STE. 217

(Address)

WEST PALM BEACH, FL 33401

(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LAURA ANTHONY

(Name of Contact Person)

at ( 561 ) 514-0936

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
|--|---|---|--|

**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)

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
WIRAS, LTD.**

1. WIRAS, LTD.  
(Name of Limited Partnership)
2. 1157 SAN MICHELE WAY, PALM BEACH GARDENS, FL 33418  
(Street address of initial designated office)
3. LAURA E. ANTHONY, ESQ.  
(Name of Registered Agent for Service of Process)
4. 330 CLEMATIS STREET, SUITE 217, WEST PALM BEACH FL 33401  
(Florida street address for Registered Agent)

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. 1157 SAN MICHELE WAY, PALM BEACH GARDENS, FL 33418  
(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

WIRAS, LLC.

1157 SAN MICHELE WAY, PALM BEACH GARDENS, FL 33418

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

SIGNED THIS 2<sup>nd</sup> DAY OF January, 2008

WIRAS, LLC:

BY: 

NAME: Donald Schwartz  
TITLE: MANAGING MEMBER

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TALLAHASSEE, FLORIDA

LOT - 3300-9