

A086000000593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

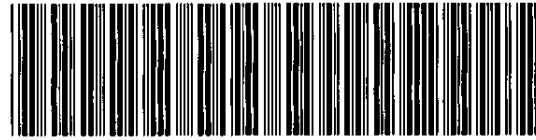
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 JUN 10 AM 11:15

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 JUN 10 PM 3:15

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

JUN 10 2008

EXAMINER



CT
1203 Governors Square Blvd.
Suite 101
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

June 10, 2008

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

FILED
08 JUN 10 PM 3:15
TALLAHASSEE, FLORIDA

Re: Order #: 7261939 SO
Customer Reference 1: 12657 / 23871
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Armatorio Group Limited Partnership (FL)
Formation
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Christina McNeair
CL Operations Specialist
Christina.McNeair@wolterskluwer.com

June 10, 2008

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2611 Executive Center Circle
Tallahassee FL 32301

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Sincerely,

Christina McNeair
CL Operations Specialist
Christina.McNeair@wolterskluwer.com

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

FILED
08 JUN 10 PM 3:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1. Armatorio Group 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. 1427 Bethune Way

(Street address of initial designated office)

The Villages, Florida 32162

3. Gene G. Armatorio

(Name of Registered Agent for Service of Process)

4. 1427 Bethune Way

(Florida street address for Registered Agent)

The Villages, Florida 32162

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.*

By: Gene G. Armatorio
Signature of Registered Agent

6. 1427 Bethune Way

(Mailing address of initial designated office)

The Villages, Florida 32162

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

8. Name and business address of each general partner:

Name:

Business Address:

Gene G. Armatorio Trust

1427 Bethune Way

G08162900005

The Villages, Florida 32162

Karen L. Armatorio Trust

1427 Bethune Way

G08162900004

The Villages, Florida 32162

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 4th day of June, 2008.

Signature of each general partner:

Gene G. Armatorio

Gene G. Armatorio, Trustee of Gene G. Armatorio Trust

Karen L. Armatorio

Karen L. Armatorio, Trustee of Karen L. Armatorio Trust

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