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B. KOHR

SEP 9 2008

EXAMINER

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 SEP -9 PM 1:47
NOT FILED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
SEP 9 2008
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 09-09-2008

REF. #: 000174.92176

CORP. NAME: THE LOEVNER FAMILY LIMITED PARTNERSHIP

FILED
08 SEP -9 PM 4:35
TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 527463 FOR \$ 1052.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP OF
THE LOEVNER FAMILY LIMITED PARTNERSHIP,
a Florida limited partnership

The undersigned general partners desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, do hereby state the following:

1. The name of the Partnership is:

THE LOEVNER FAMILY LIMITED PARTNERSHIP

2. The address of the office of the Partnership is:

4077 Flamingo Avenue
Sarasota, FL 34242

3. The name and address of the Registered Agent for the Partnership is as follows:

Sandra W. Loevner
4077 Flamingo Avenue
Sarasota, FL 34242

4. The name and business address of the general partner is as follows:

Sandra W. Loevner
4077 Flamingo Avenue
Sarasota, FL 34242

5. The mailing address of the Partnership is:

4077 Flamingo Avenue
Sarasota, FL 34242

6. The Partnership shall exist in perpetuity unless otherwise terminated in accordance with the terms and conditions as set forth in the Limited Partnership Agreement.

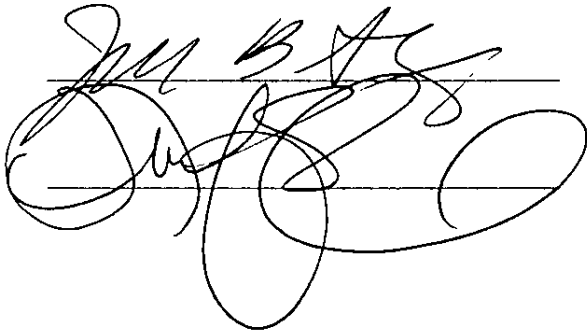
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TALLAHASSEE, FLORIDA

7. The effective date of this Certificate of Limited Partnership shall be the effective date of the filing of the certificate of limited partnership with the Department of State.

The execution of this certificate by the undersigned general partners constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by SANDRA W. LOEVNER, the general partner of THE LOEVNER FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, this 8th day of September, 2008.

WITNESSES:

A large, stylized handwritten signature in black ink, appearing to be 'J. B. H.', written over a horizontal line.A handwritten signature in black ink, appearing to be 'Sandra W. Loevner', written over a horizontal line.
SANDRA W. LOEVNER

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

THE LOEVNER FAMILY LIMITED PARTNERSHIP

Having been named to accept service of process for THE LOEVNER FAMILY LIMITED PARTNERSHIP, at the place designated in the foregoing Certificate of Limited Partnership, I, hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.1114 of the Florida Statutes.

Date: 9-8-2008


SANDRA W. LOEVNER, Registered Agent