

AUG 00000009 00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

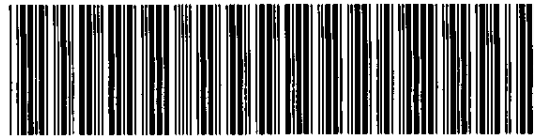
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100137774111

FILED

08 DEC 18 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2008 DEC 18 PM 1:45

RECEIVED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

B. KOHR

DEC 18 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 831782 81093A

AUTHORIZATION :

Spivey

COST LIMIT : \$ 1000.000

ORDER DATE : December 18, 2008

ORDER TIME : 12:12 PM **FILE FIRST**

ORDER NO. : 831782-005

CUSTOMER NO: 81093A

FILED
08 DEC 18 PM 2:45
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: LEDIS FAMILY LIMITED
PARTNERSHIP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

**Certificate of Limited Partnership
of the
Ledis Family Limited Partnership**

A Florida Limited Partnership

FILED
08 DEC 18 PM 2:45
TALLAHASSEE, FLORIDA
OFFICE OF THE SECRETARY OF STATE

1. **Name:** The name of this Limited Partnership is: **Ledis Family Limited Partnership.**
2. **Principal Place of Business, Records Location and Registered Office:** The location of the principal place of business and records location of the Limited Partnership is 4670 Rue Bayou Sanibel, Florida 33957. The location of the registered office of the Limited Partnership is 9100 College Pointe Court Fort Myers, Florida 33919.
3. **Appointment and Consent to Serve as Registered Agent:** The registered agent for service for this Limited Partnership is Craig R. Hersch whose address is 9100 College Pointe Court Fort Myers, Florida 33919.

I, Craig R. Hersch, a natural person and resident of Florida, accept the appointment as agent of the Ledis Family Limited Partnership upon whom process, notices and demands may be served, whose principal place of business and records are located at the address stated above. I understand that as agent it will be my responsibility to receive service of process, to forward mail, and to immediately notify the Office of the Secretary of State in the event of my resignation or of any changes in the Registered Office Address.



Craig R. Hersch, Registered Agent

4. **The Partners:** The General Partners of this Limited Partnership are: Jeffrey E. Ledis, Trustee of the Jeffrey E. Ledis Revocable Living Trust dated December 6, 1994, and any amendments thereto, and Andrea Ledis as Trustee of the Andrea Ledis Revocable Living Trust dated December 6, 1994, and any amendments thereto.

5. Residence and Mailing Address:

Jeffrey E. Ledis and Andrea Ledis
4670 Rue Bayou
Sanibel, Florida 33957

The Limited Partnership shall also have such Limited Partners as are named in the Limited Partnership Agreement.

6. Term: The term of the Partnership shall be perpetual.

DATED: Dec 11, 2008

GENERAL PARTNER:

Jeffrey E. Ledis Revocable Living Trust
Dated December 6, 1994, and any amendments thereto

BY: Jeffrey E. Ledis
Jeffrey E. Ledis, Trustee

GENERAL PARTNER:

Andrea Ledis Revocable Living Trust
Dated December 6, 1994, and any amendments thereto

BY: Andrea Ledis
Andrea Ledis, Trustee

STATE OF ~~FLORIDA~~ Michigan)
) ss.
COUNTY OF ~~LEE~~ Genesee)

The foregoing instrument was acknowledged before me on December 11, 2008, by Jeffrey E. Ledis, (☒) who is personally known to me or (☐) who has produced _____, as identification.

[Seal]

Shannon M. Mashburn



SHANNON M. MASHBURN
Notary Public, State of Michigan
County of Genesee
My Commission Expires Dec. 29, 2013
Acting in the County of Genesee

STATE OF ~~FLORIDA~~ Michigan)
) ss.
COUNTY OF ~~LEE~~ Genesee)

The foregoing instrument was acknowledged before me on December 11, 2008, by Andrea Ledis, (☒) who is personally known to me or (☐) who has produced _____, as identification.

[Seal]

Shannon M. Mashburn



SHANNON M. MASHBURN
Notary Public, State of Michigan
County of Genesee
My Commission Expires Dec. 29, 2013
Acting in the County of Genesee