

A08000000918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

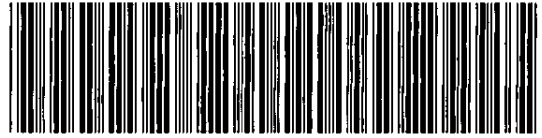
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700137354627

10/28/08--01032--008 \*1052.50

EFFECTIVE DATE  
10/22/08

**FILED**  
08 OCT 28 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ande Family 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:

Anthony Lanza Jr

(Contact Person)

Ande Family Limited Partnership

(Firm/Company)

427 Eisenhower Ave.

(Address)

Ortley Beach, New Jersey 08751

(City, State and Zip Code)

For further information concerning this matter, please call:

Deborah Lanza

(Name of Contact Person)

at ( 732 ) 830-8778

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)     \$1,008.75 Filing Fees and Certificate of Status     \$1,052.50 Filing Fees and Certified Copy     \$1,061.25 Filing Fees, Certified Copy, and 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)

FILED

CERTIFICATE OF LIMITED PARTNERSHIP 08 OCT 28 AM 11:06  
FOR  
FLORIDA LIMITED PARTNERSHIP SECRETARY OF STATE  
OR TALLAHASSEE FLORIDA  
LIMITED LIABILITY LIMITED PARTNERSHIP

1. Ande Family 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. 3970 Deer Crossing CT, #205

(Street address of initial designated office)

Naples, Florida 34114

3. Anthony Lanza

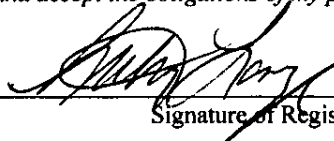
(Name of Registered Agent for Service of Process)

4. 3970 Deer Crossing CT, #205

(Florida street address for Registered Agent)

Naples, Florida 34114

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. 3970 Deer Crossing CT, #205

(Mailing address of initial designated office)

Naples, Florida 34114

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:

Anthony Lanza

3970 Deer Crossing CT, #205

Naples, Florida 34114

Deborah Lanza

3970 Deer Crossing CT, #205

Naples, Florida 34114

9. Effective date, if other than the date of filing: October 22, 2008

*(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 22 day of October, 2008.

Signature of each general partner:

*Deborah Lanza*  
*Anthony Lanza*

08 OCT 28 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**