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**EXAMINER** 

#### COVER LETTER

**TO:** Registration Section

Division of Corporations

### SUBJECT: DONALD EMRICK 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:

ROGER H. STALEY, ESQ.	_
(Contact Person)	
SAUNDERS, CURTIS, GINESTRA & GORI	E
(Firm/Company)	-
6550 N. FEDERAL HIGHWAY, SUITE 510	·
(Address)	-
FT. LAUDERDALE, FL 33308	
(City, State and Zip Code)	-
For further information concerning this matter, please call: ROGER H. STALEY, ESQ. at ( 954	229-1956 SEC 198 and Daytime Telephone Number 1
(Name of Contact Person) (Area Code	and Daytime Telephone Number)
Enclosed is a check for the following amount:  \$\int\\$1,000.00 \text{ Filing Fees}  \text{\$\$1,008.75 \text{ Filing Fees} }  \text{\$\$1,052.50 \text{ Filing Fee} }  \text{\$\$and Certificate of and Certified Cop}  \text{\$\$Status}  \text{\$\$Ee})	g Fees _ \$1,061.25 Filing Fees

#### STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E030 (01/06)

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 4, 2008

ROGER STALEY, ESQ. 6550 N. FEDERAL HIGHWAY, SUITE 510 FT. LAUDERDALE, FL 33308

SUBJECT: DONALD EMRICK FAMILY LIMITED PARTNERSHIP

Ref. Number: W08000050297

We have received your document for DONALD EMRICK FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 408A0005611

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

#### LOONALD EMRICK 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.	541 HOLLY LANE	_
	(Street address of initial designated office)	-
	PLANTATION, FL 33317	_
3.	ROGER H. STALEY, ESQ.	_
	(Name of Registered Agent for Service of Process)	_
4.	6550 N. FEDERAL HIGHWAY, SUITE 510	
^	(Florida street address for Registered Agent)	-
	FORT LAUDERDALE, FL 33308	
5 11	-1	<b>=</b>
comply	mo mo	2000 NOV 14 PF
comply	reby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper and complete performance of my difficulty in familiar with and accept the obligations of my position as registered agent.  Signature of Registered Agent  541 HOLLY LANE  (Mailing address of initial designated office)	1000 NOV 14 PM 2: 17

8. Name and business address of each general partner: Business Address: Name: DONALD EMRICK, LLC 541 HOLLY LANE PLANTATION, FL 33317 9. Effective date, if other than the date of filing: November 14, 2008 (Effective date cannot be prior to nor more than 90 days after the date the documents.) filed by the Florida Department of State.) Signed this  $_{\mathcal{L}3}$ \_\_\_\_ day of\_\_\_\_ Signature of each general partner: DONALD EMRICK, LLC By DONALD EMRICK Filing Fees: **\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee) Certified Copy (optional): \$52.50

Certificate of Status (optional):

\$8.75

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