

A080000001067

(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:

**L. SELLERS**

DEC 30 2008

**EXAMINER**

Office Use Only



600139238206

~~12/29/08--01024--008--\*\*150.00--~~

12/29/08--01024--008 \*\*1052.50

FILED  
08 DEC 29 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

***PULLUM & PULLUM, PA***  
***ATTORNEYS AND COUNSELORS AT LAW***

J. STEPHEN PULLUM  
MARYBETH L. PULLUM

SUITE 701 FIRST FAMILY OAKS  
1330 W. CITIZENS BLVD.  
LEESBURG, FL 34748

TELEPHONE: (352) 728-3060

FAX: (352) 728-0003

E-mail: [chris@pullumlaw.com](mailto:chris@pullumlaw.com)

December 23, 2008

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

**Re: Certificate of Limited Partnership –  
Dale and Cheryl Bartch L.L.L.P.**

Dear Sir/Madam:

I enclose herewith for filing an original and one copy of Certificate of Limited Partnership for the above-captioned Florida limited liability limited partnership. Also enclosed is a check made payable to your order in the amount of \$1,052.50, in payment of the filing and certified copy fees. Please return a certified copy of the filing to me at the above address.

If you have any questions with respect to this filing, please do not hesitate to contact me at (352) 728-3060.

Thank you for your assistance in this matter.

Sincerely,



Christine F. Pillo, Paralegal

Enclosures

K:\Bartch, Dale & Cheryl & Kristen\L-FL Dept of State re Cert of LP.cfp.doc

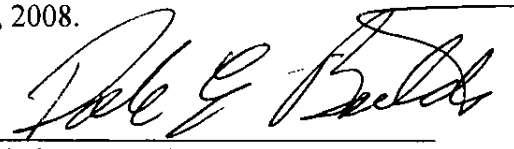
**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
DALE AND CHERYL BARTCH L.L.L.P.**

1. The name of the limited liability limited partnership is: **DALE AND CHERYL BARTCH L.L.L.P.**
2. Street and mailing address of initial designated office: 11226 Lane Park Road, Tavares, FL 32778
3. Name of registered agent for service of process: Dale E. Bartch.
4. Address of registered agent: 11226 Lane Park Road, Tavares, FL 32778
5. This limited partnership elects to be a limited liability limited partnership.
6. Name and address of each general partner:

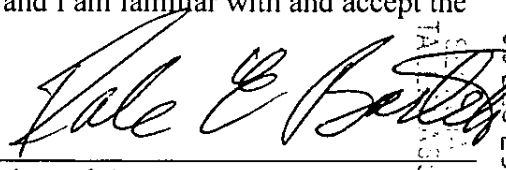
Dale E. Bartch  
11226 Lane Park Road  
Tavares, FL 32778

7. Effective date: Upon filing with the Florida Department of State.

Signed this 23<sup>rd</sup> day of December, 2008.

  
\_\_\_\_\_  
Dale E. Bartch

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.

  
\_\_\_\_\_  
Registered Agent