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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

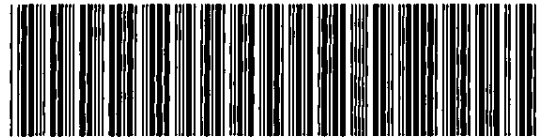
(Document Number)

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

Special Instructions to Filing Officer:

**L. SELLERS**  
JAN 12 2009  
**EXAMINER**

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01/09/09--01003--008 \*\*1061.25

LP 1000.00  
Cert 61.25

FILED  
09 JAN -9 AM 8:50  
STATE OF FLORIDA  
TALLAHASSEE

JOHN W. WEST III, P.A.

ATTORNEY AT LAW • BOARD CERTIFIED TAX ATTORNEY

ONE SARASOTA TOWER  
2 NORTH TAMiami TRAIL, SUITE 306  
SARASOTA, FLORIDA 34236

TELEPHONE 941.953.9600  
FAX 941.953.9677  
E-MAIL JWEST@JOHNWESTIII.COM  
WEBSITE WWW.JOHNWESTIII.COM

ALSO ADMITTED IN WASHINGTON, D.C.



January 6, 2009

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

Re: The Chrisman Family Limited Partnership, LLLP

Dear Sir or Madam:

Enclosed for filing is the Certificate of Limited Partnership for Florida Limited Partnership or Limited Liability Partnership for The Chrisman Family Limited Partnership, LLLP along with the firm's check for filing and other fees.

Please give this limited liability limited partnership a 2008 effective date.

Very truly yours,



John W. West III

JWW/lrh  
Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Chrisman Family Limited Partnership, LLLP  
(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:

John W. West III

(Contact Person)

John W. West III, P.A.

(Firm/Company)

One Sarasota Tower, 2 Tamiami Tr., Ste. 306

(Address)

Sarasota, FL 34236

(City, State and Zip Code)

For further information concerning this matter, please call:

John W. West III

(Name of Contact Person)

at ( 941 ) 953-9600

(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

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

1. The Chrisman Family Limited Partnership, LLLP

(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. One Sarasota Tower, 2 N. Tamiami Trail, Ste. 306

(Street address of initial designated office)

Sarasota, FL 34236

3. John W. West III

(Name of Registered Agent for Service of Process)

4. same as above

(Florida street address for Registered Agent)

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. same as above

(Mailing address of initial designated office)

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:

Aleta D. Chrisman

48 Spice Mill Blvd.

Clifton Park, NY 12065

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9. Effective date, if other than the date of filing: \_\_\_\_\_.

*(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 \_\_\_\_\_ day of \_\_\_\_\_.

Signature of each general partner:

Aleta Diane Chrisman

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**

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09 JAN -9 AM 8:50  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

FILED