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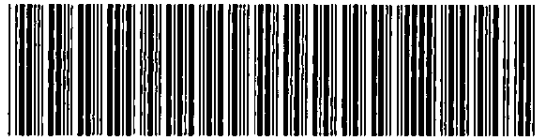
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anthony J. Cipparone Family Partnership, Ltd.
(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:

JOANN Gerkey
(Contact Person)
Boyette Law Offices, PA.
(Firm/Company)
1635 E. Highway 50, Suite 300
(Address)
Clermont, FL 34711
(City, State and Zip Code)

For further information concerning this matter, please call:

JOANN Gerkey at (352) 394-2103
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

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

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 OF
ANTHONY J. CIPPARONE FAMILY PARTNERSHIP, LTD.**

The undersigned, constituting all of the general partners, hereby execute this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. **Name of Partnership.** The name of the Partnership shall be ANTHONY J. CIPPARONE FAMILY PARTNERSHIP, LTD.

2. **Address of Recordkeeping Office; Agent for Service of Process.** The records to be kept pursuant to Florida Statute Section 620.106, shall be located at 2036 Alaqua Lakes Boulevard, Longwood, Florida, 32779, and the name of the Partnership's agent for service of process is Anthony J. Cipparone, and the address of the registered agent is 2036 Alaqua Lakes Boulevard, Longwood, Florida, 32779.

3. **Name and Business Address of the General Partners.**

(a) The name and address of the General Partner is:

<u>Name</u>	<u>Address</u>
Anthony J. Cipparone, Trustee of the Anthony J. Cipparone Trust	2036 Alaqua Lakes Boulevard Longwood, FL 32779

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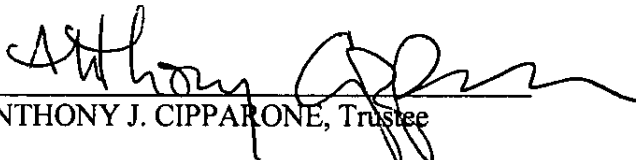
4. **Mailing Address for the Limited Partnership.** The mailing address for the Limited Partnership shall be 2036 Alaqua Lakes Boulevard, Longwood, Florida, 32779.

5. **Term.** The term for which the Partnership is to exist shall be from the filing of this Certificate in the Office of the Secretary of State of the State of Florida until the 31st day of December, 2059, unless sooner terminated in accordance with the Limited Partnership Agreement for Anthony J. Cipparone Family Partnership, Ltd.

DATED this 31 day of December, 2008.

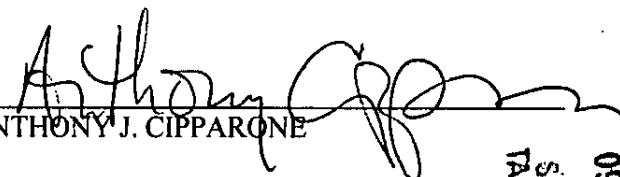
Under the penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

ANTHONY J. CIPPARONE TRUST


ANTHONY J. CIPPARONE, Trustee

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


ANTHONY J. CIPPARONE

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