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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

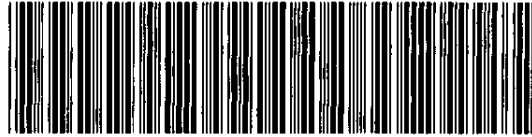
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 FEB 23 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

FEB 24 2009

EXAMINER



SHEPPARD, BRETT, STEWART, HERSCH, KINSEY & HILL, P.A.

**ATTORNEYS AT LAW
FIRM ESTABLISHED 1924**

JAY ANDREW BRETT
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* BOARD CERTIFIED WILLS, TRUSTS & ESTATES
** BOARD CERTIFIED EMERITUS WILLS, TRUSTS & ESTATES
^ CERTIFIED PUBLIC ACCOUNTANT (FL)
+ ALSO ADMITTED IN IOWA

February 13, 2009

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Brian N. Schwartz Family Limited Partnership

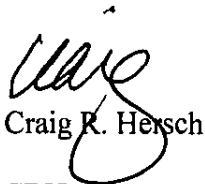
Dear Sirs:

Attached is a Certificate of Limited Partnership for the referenced Limited Partnership for filing on the State records along with our check in the amount of \$1,052.50 to cover the filing fees and certified copy.

If the document meets with your approval, please have the same filed of record, returning the Certificate to the undersigned. If possible, please also e-mail confirmation that it has been filed.

If you have any questions, please do not hesitate to contact our office.
Kind regards,

SHEPPARD, BRETT, STEWART, HERSCH, KINSEY & HILL, PA



Craig R. Hersch

CRH:mf
Enclosure

CF-18,903

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Brian N. Schwartz 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. 15781 Old Wedgewood Court

(Street address of initial designated office)

Fort Myers, FL 33908

3. Craig R. Hersch

(Name of Registered Agent for Service of Process)

4. 9100 College Pointe Court

(Florida street address for Registered Agent)

Fort Myers, FL 33919

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. 15781 Old Wedgewood Court

(Mailing address of initial designated office)

Fort Myers, FL 33908

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

FILED

8. Name and business address of each general partner:

2009 FEB 23 PM 12:58

Name:

Business Address:

Maureen R. Schwartz

15781 Old Wedgewood Court

Fort Myers, FL 33908

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 11th day of February, 2009

Signature of each general partner:

Maureen R. Schwartz

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75