

FEB. 24. 2009 1:57PM

NO. 752 P. 1

A09000006119

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000043124 3)))



H090000431243ABCK

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

FLORIDA/FOREIGN LP/LLP

THE DOUGLASS AND MELANIE CONGRESS FAMILY LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

99 JAN 24 AM 8:29

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED
09 FEB 24 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

FEB 25 2009

EXAMINER

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
THE DOUGLASS AND MELANIE CONGRESS
FAMILY LIMITED PARTNERSHIP**

1. **NAME:** The name of the Limited Partnership is: **THE DOUGLASS AND MELANIE CONGRESS FAMILY LIMITED PARTNERSHIP.**
2. **STREET ADDRESS OF LIMITED PARTNERSHIP:** The street address for the initial designated office of the Limited Partnership is: **1054 Sea Hawk Lane, Sanibel, Florida 33957.**
3. **NAME AND ADDRESS OF REGISTERED AGENT:** The name and street address of the Registered Agent for Service of Process is: **CRAIG R. HERSCH, 9100 College Pointe Court, Fort Myers, Florida 33919.**

4. **ACCEPTANCE BY REGISTERED AGENT:**

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.



Craig R. Hersch

5. **MAILING ADDRESS OF LIMITED PARTNERSHIP:** The mailing address of the initial designated office is: **1054 Sea Hawk Lane, Sanibel, Florida 33957.**
6. **ELECTION:** If the Limited Partnership elects to be a "Limited Liability Limited Partnership", check box: ☐
7. **NAME AND ADDRESS OF GENERAL PARTNER(S):** The name and business address of each General Partner:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 24 AM 8:29

Name

MELANIE B. CONGRESS,
Trustee of the Melanie B.
Congress Revocable Living Trust
Dated December 2, 1997, as
amended

Address

1054 Sea Hawk Lane
Sanibel, FL 33957

8. **EFFECTIVE DATE:** The effective date of the Limited Partnership, 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.)

This Certificate of Limited Partnership signed on: February 24, 2009

Signature of each General Partner:



Melanie B. Congress, Trustee for the
Melanie B. Congress Revocable Living Trust
Dated December 2, 1997, as amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 24 AM 8:29