

A10000000110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

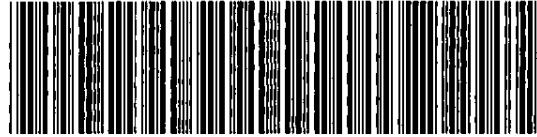
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200167264062

02/23/10--01016--027 **1000.00

FILED
10 FEB 22 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 23 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL STATEWIDE NUMBER 1, L.P.
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:

STUART D. VENER

Contact Person

ALL STATEWIDE PROPERTY CORPORATION

Firm/Company

23548 STATE ROAD 54

Address

LUTZ, FLORIDA 33559

City, State and Zip Code

STUARTVENER@VERIZON.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STUART D VENER

Name of Contact Person

at (727) 698-1594

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

FILED
10 FEB 22 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. ALL STATEWIDE NUMBER 1, L.P.

(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. 23548 STATE ROAD 54
(Street address of initial designated office)

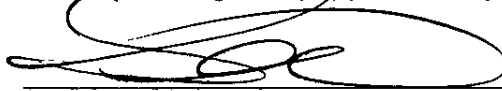
LUTZ, FLORIDA 33559

3. STUART D VENER
(Name of Registered Agent for Service of Process)

4. 23548 STATE ROAD 54
(Florida street address for Registered Agent)

LUTZ, FLORIDA 33559

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. 23548 STATE ROAD 54
(Mailing address of initial designated office)

LUTZ, FLORIDA 33559

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

FILED
10 FEB 22 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

ALL STATEWIDE PROPERTY CORPORATION 23548 STATE ROAD 54

LUTZ, FLORIDA 33559

P10000009920

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
filed by the Florida Department of State.)*

Signed this 19TH day of FEBRUARY, 2010

Signature of each general partner:

ALL STATEWIDE PROPERTY CORPORATION

BY: 

Stuart D. Vener

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

FILED
10 FEB 22 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA