

A10000000257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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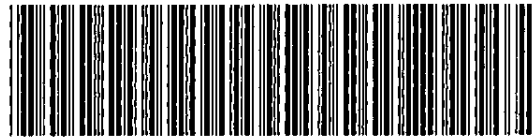
(Business Entity Name)

(Document Number)

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10 MAY -3 AM 10:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -3 AM 10:52

B. KOHR

MAY 4 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 370569 80745A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : May 3, 2010

ORDER TIME : 9:51 AM

ORDER NO. : 370569-010

CUSTOMER NO: 80745A

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SECRETARY OF CORPORATION
DIVISION OF CORPORATIONS
10 MAY -3 AM 10:52

Please file 2nd

DOMESTIC FILING

NAME: SIG GLOBAL FAMILY LIMITED
PARTNERSHIP

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: _____

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY -3 AM 08 52

1. SIG GLOBAL 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. 4852 South Peninsula Drive, Ponce Inlet, FL 32127

(Street address of initial designated office)

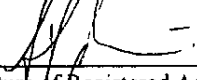
3. Sylvie Hennessy

(Name of Registered Agent for Service of Process)

4. 4852 South Peninsula Drive, Ponce Inlet, FL 32127

(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. 4852 South Peninsula Drive, Ponce Inlet, FL 32127

(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:

SIG GLOBAL, INC.

4852 South Peninsula Drive

P10000037959

Ponce Inlet, FL 32127

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 28th day of April, 2010

Signature of each general partner:

SIG GLOBAL, INC., a Florida corporation

By: Sylvia Hennessy, President

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75