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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

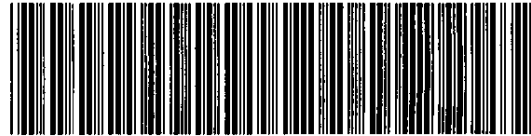
Special Instructions to Filing Officer:

L. SELLERS

AUG 1 & 2010

EXAMINER

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10 AUG 12 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LARRY LEGEL, CPA

PRACTICE CONCENTRATING IN TAX RETURN PREPARATION & SECURITIES

1425 NE 57TH PLACE
FT. LAUDERDALE, FL 33334
(954) 493-8900 Office • (954) 493-8300 Fax • email: larry@legelcpa.com

August 10, 2010

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: SFT Family, Ltd.
Certificate of Limited Partnership Recording

To Whom It May Concern:

Enclosed please find herewith an original Certificate of Limited Partnership for Florida Limited Partnership to be filed for SFT FAMILY, LTD.

Please accept our check for \$1,000 for recording fees.

There is one additional copy of the Certificate of Limited Partnership to be stamped filed with the Secretary of State at no charge.

Please send recorded filed certificate and aforesaid copy back in the enclosed self-addressed envelope.

Thank you for your assistance.

Sunshine,

Larry Legel, CPA

Larry Legel, CPA

CERTIFICATE OF LIMITED PARTNERSHIP

SFT FAMILY, LTD.

1. _____
(Name of Limited Partnership, must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

7353 NW 45th Ave, Coconut Creek, FL 33073

2. _____
(Business address of Limited Partnership)

LARRY LEGEL

3. _____
(Name of Registered Agent for Service of Process)

1425 NE 57th Place, Fort Lauderdale, FL 33334

4. _____
(Florida street address for Registered Agent)

5. Larry Legel
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

7353 NW 45th Ave, Coconut Creek, FL 33073

6. _____
(Mailing Address of the Limited Partnership)

7. The latest year upon which the Limited Partnership is to be dissolved is: 2060

8. Name(s) of general partner(s): _____ Street address: _____

TIMOTHY P. SCHENDEN

7353 NW 45th Ave
Coconut Creek, FL 33073

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 10th day of AUGUST, 2010.

Signature of general partner:

TS
Timothy P. Schenden, General Partner

FILED
10 AUG 12 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
)SS:
COUNTY OF BROWARD)

BEFORE ME, a notary public authorized to take acknowledgements in the State and County set forth above, personally appeared TIMOTHY P. SCHENDEN and LARRY LEGEL, known to me and known by me to be the persons who executed the foregoing CERTIFICATE OF LIMITED PARTNERSHIP, and they acknowledged before me that they executed the CERTIFICATE OF LIMITED PARTNERSHIP, and they proved their identity by driver's license.

IN WITNESS WHEREOF, I have hereto set my hand and affixed my official seal, in the State and County aforesaid, this 10th day of August, 2010

Christina Kelley
Notary Public
State of Florida at Large

MY COMMISSION EXPIRES:

