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10 AUG 31 PM 3:19

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

10 AUG 31 PM 4:12

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET

P.O. BOX 391 (ZIP 32302)

TALLAHASSEE, FLORIDA 32301

(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

August 31, 2010

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **Lenox Family Limited Partnership**

Dear Madam/Sir:

Enclosed for filing are the original and one copy of the Certificate of Limited Partnership for the above-referenced limited partnership. Also enclosed is this firm's check in the amount of:

☐ \$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

I would appreciate your calling me at 425-5457 when the certified copy is ready, and I will arrange for someone to pick it up. Please do not hesitate to call me or Aaron Holloway if you have any questions and direct all correspondence concerning this matter to me at the address set forth in the letterhead.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters, FRP
Florida Registered Paralegal

/dmw

Enclosures

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010290.52029

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
Lenox Family Limited Partnership
a Florida Limited Partnership**

FILED
10 AUG 31 PM 4:12
TALLAHASSEE, FLORIDA
STATE SECRETARY OF REVENUE

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act of 2005, hereby states the following:

1. The name of the Limited Partnership is **Lenox Family Limited Partnership** (the **Partnership**).
2. The street address of the initial designated office of the Partnership is **3056 Elmwood Road, Tallahassee, Florida 32317-7906**.
3. The name of the Registered Agent for service of process on the Partnership is **Robert Lindsey**.
4. The Florida street address for the Registered Agent is **3056 Elmwood Road, Tallahassee, Florida 32317-7906**.
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. The mailing address of the initial designated office of the Partnership is **P.O. Box 13119, Tallahassee, Florida 32317-3119**.
7. The name and business address of the General Partner are:

Lenox Family, LLC
P.O. Box 13119
Tallahassee, Florida 32317-3119

9. This Certificate shall be effective at the time of its filing with the Florida Department of State.

IN WITNESS WHEREOF, this Certificate has been executed by the General Partner of **Lenox Family Limited Partnership** as of this 31st day of August, 2010.

GENERAL PARTNER:

Lenox Family, LLC

By: _____

Robert Lindsey, Manager

FILED
10 AUG 31 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75