

A10000000608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

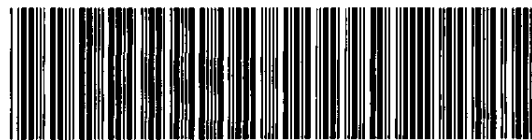
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/06/10--01022--019 \*\*1061.25

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
OCT 7 2010  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BROTT SELF-STORAGE LTD.  
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:

IRA S WIESNER  
Contact Person

ADVOCATES IN AGING  
Firm/Company

328 N. RHODES AVE  
Address

SARASOTA FL 34237  
City, State and Zip Code

Wiesner @ wiesnerlaw.com  
E-mail address: (to be used for future annual report notification)

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10 OCT - 6 PM 49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

IRA WIESNER at (941) 365-9900  
Name of Contact Person 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

LAW OFFICES OF  
IRA STEWART WIESNER  
Professional Association  
*Advocates in Aging®*

2699.300

October 5, 2010

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

In re: Brott Self-Storage Ltd

Dear Madam or Sir:

Enclosed for filing Certificate of Limited Partnership for BROTT SELF-STORAGE LTD.,  
a Florida Limited Partnership.

Also enclosed is Check 1079 in the amount of \$1,061.25 for Filing Fee (\$1,000) Certified  
Copy (\$52.50) and Certificate of Status (\$8.75).

Please contact the undersigned if there is any problem with this filing as submitted.

Very truly yours,

LAW OFFICES OF

*Advocates in Aging®*

IRA STEWART WIESNER  
Professional Association

By: 

Ira Stewart Wiesner  
For the Firm

ISW:isw

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10 OCT - 6 PM 4:9  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. BROTT SELF-STORAGE LTD.

(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. 328 N. RHODES AVE.  
(Street address of initial designated office)

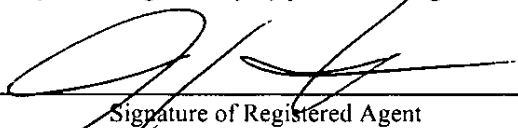
SARASOTA FLORIDA 34237

3. IRA STEWART WIESNER  
(Name of Registered Agent for Service of Process)

4. 328 N. RHODES AVE  
(Florida street address for Registered Agent)

SARASOTA FLORIDA 34237

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. 328 N. RHODES AVE  
(Mailing address of initial designated office)

SARASOTA FLORIDA 34237

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Samuel Broth

328 N. RHODES AVE

SARASOTA FL 34237

Rosolyn Broth

328 N. RHODES AVE

SARASOTA FL 34237

10 OCT - 6 PM EST '09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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 5th day of October, 2010.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

Samuel Broth

Rosolyn Broth

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**