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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

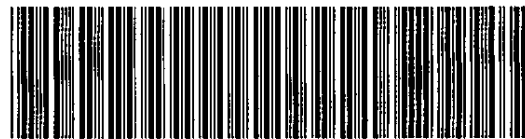
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/06/10--01023--009 **1061.25

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10 DEC 20 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 21 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FROMOIL, 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:

Lewis Fromkin

Contact Person

Fromkin Energy, LLC

Firm/Company

5138 NW 109th Terrace

Address

Coral Springs, Florida 33076

City, State and Zip Code

lfromkin@aol.com

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

For further information concerning this matter, please call:

John O'Malley

Name of Contact Person

at (954) 8656832

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

CR2E030 (01/06)

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10 DEC 20 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. FROMOIL, 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. 5138 NW 109th Terrace

(Street address of initial designated office)

Coral Springs, Florida 33076

3. Lewis Fromkin

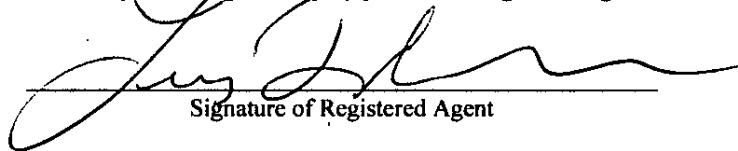
(Name of Registered Agent for Service of Process)

4. 5138 NW 109th Terrace

(Florida street address for Registered Agent)

Coral Springs, Florida 33076

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. 5138 NW 109th Terrace

(Mailing address of initial designated office)

Coral Springs, Florida 33076

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

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TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

FROMKIN ENERGY, LLC

5138 NW 109th Terrace

Coral Springs, FL 33076

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TALLAHASSEE, FLORIDA


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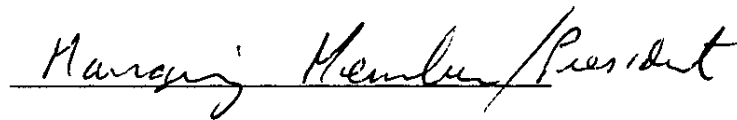
9. Effective date, if other than the date of filing: _____

(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 30 day of November, 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.817.155, F.S.


Beth Fromkin


Managing Member/President

Filing Fees: Beth Fromkin

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2010

LEWIS FROMKIN
5138 NW 109TH TERRACE
CORAL SPRINGS, FL 33076

SUBJECT: FROMOIL, P.P.
Ref. Number: W10000056667

FILED
10 DEC 20 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FROMOIL, P.P. and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by all of the general partners.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 010A00028335