

A11000000048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400189046944

12/28/10--01028--001 \*\*1052.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JAN 12 PM 2:03

FILED

C. LEWIS

Jan 13, 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 29, 2010

LISA BRADEN, P.A.  
4623 FOREST HILL BLVD.  
SUITE 108-1  
WEST PALM BEACH, FL 33415

SUBJECT: FJANCW, LLLP  
Ref. Number: W10000059723

We have received your document for FJANCW, LLLP and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 710A00030058

**LISA BRADEN, P.A.**  
4623 FOREST HILL BLVD., SUITE 108-1  
WEST PALM BEACH, FLORIDA 33415  
E-Mail: lisa@lisabraden.com

Website: [www.lisabraden.com](http://www.lisabraden.com)

Telephone: (561) 641-1888

December 27, 2010

Department of State  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Sent by Overnight Mail**

Re: FJANCW, LLLP  
Certificate of Limited Partnership

Dear Sirs:

Please find enclosed an original and one copy of the Certificate of Limited Partnership for FJANCW, LLLP along with a check in the amount of \$1,052.50 (filing fee).

After you have filed this document, please return to my office.

Sincerely yours,



Lisa Braden

enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FJANCW, LLLP  
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:

Lisa Braden

Contact Person

Lisa Braden, P.A.

Firm/Company

4623 Forest Hill Blvd., Ste. 108-1

Address

West Palm Beach, FL 33415

City, State and Zip Code

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

For further information concerning this matter, please call:

Lisa Braden

Name of Contact Person

at ( 561 ) 641-1888

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)

**LISA BRADEN, P.A.**  
**4623 FOREST HILL BLVD., SUITE 108-1**  
**WEST PALM BEACH, FLORIDA 33415**  
E-Mail: [lisa@lisabraden.com](mailto:lisa@lisabraden.com)

Website: [www.lisabraden.com](http://www.lisabraden.com)

Telephone: (561) 641-1888

January 12, 2011

Carolyn Lewis  
Regulatory Specialist II  
Registration/Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Sent by Overnight Mail**

Re: FJANCW, LLLP  
Ref. #: W10000059723  
Letter #: 710A00030058

ATTENTION: Carolyn Lewis  
Regulatory Specialist II

Dear Ms. Lewis:

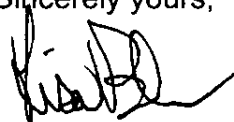
Please find enclosed a copy of your letter dated December 29, 2010. As you will note on page two of the Certificate of Limited Partnership the Trustees of a Revocable Trust serve as General Partners.

We have enclosed the original and one copy of the Certificate of Limited Partnership for FJANCW, LLLP, a Florida Limited Liability Limited Partnership. You have already received the check in the amount of \$1,052.50 which represents the filing fee and one certified copy fee.

After you have filed this document, please return it to my office.

If you have any questions, please give my office a call.

Sincerely yours,



Lisa Braden

enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FJANCW, LLLP  
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:

Lisa Braden

Contact Person

Lisa Braden, P.A.

Firm/Company

4623 Forest Hill Blvd., Ste. 108-1

Address

West Palm Beach, FL 33415

City, State and Zip Code

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

For further information concerning this matter, please call:

Lisa Braden

Name of Contact Person

at ( 561 ) 641-1888

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)

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

**FILED**  
2011 JAN 12 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. FJANCW, LLLP

(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 L.L.L.P.*

2. 4623 Forest Hill Blvd., Suite 108-1

(Street address of initial designated office)

West Palm Beach, Florida 33415

3. Lisa Braden

(Name of Registered Agent for Service of Process)

4. 4623 Forest Hill Blvd., Suite 108-1

(Florida street address for Registered Agent)

West Palm Beach, Florida 33515

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. 4623 Forest Hill Blvd., Suite 108-1

(Mailing address of initial designated office)

West Palm Beach, Florida 33515

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

FILED

8. Name and business address of each general partner:

Name:

Frank J. Avellino, Trustee of the Avellino  
Tenancy by the Entireties Trust Dated 12/7/2010

Business Address:

223 Coral Lane  
Palm Beach, Florida 33480

2011 JAN 12 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Nancy Carroll Avellino, Trustee of the Avellino  
Tenancy by the Entireties Trust Dated 12/7/2010

223 Coral Lane  
Palm Beach, Florida 33480

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 12th day of JANUARY, 2011.

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.

Frank J. Avellino

Nancy Carroll Avellino

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**