

A11000000300

(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:

W11 - 8137

Office Use Only



400193593444

02/09/11--01029--004 \*\*1052.50

FILED  
11 APR 13 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 14 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 10, 2011

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

SUBJECT: DUCCIO BALDARI, MD, LLLP  
Ref. Number: W11000008137

We have received your document for DUCCIO BALDARI, MD, 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):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 211A0000353

FILED  
11 APR 13 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

April 14, 2011

Deborah Bruce  
Regulatory Specialist II  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Fax No.: (850) 245-6030

Re: Duccio Baldari, M.D., LLLP  
Ref. Number: W11000008137

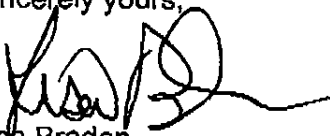
Dear Ms. Bruce:

Pursuant to your telephone conversation with my secretary, Debbie, this morning, please find attached your letter to our office dated February 10, 2011.

Duccio Baldari, M.D., PA is the same principal of the new entity Duccio Baldari, M.D., LLLP.

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

Sincerely yours,



Lisa Braden  
on behalf of Duccio Baldari, M.D., LLLP

attachment

FILED  
11 APR 13 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

February 7, 2011

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Duccio Baldari, M.D., LLLP  
Certificate of Limited Partnership

Dear Sirs:

Please find enclosed the original and one copy of the **Certificate of Limited Partnership of Duccio Baldari, M.D., LLLP**. You will also find enclosed a check made out to the Secretary of State in the amount of \$1,052.50. This amount represents \$965.00 filing fee, \$35.00 Registered Agent Designation Fee and \$52.50 Certified Copy Fee.

After the filing of the above document, please return them to my office.

Sincerely yours,

  
Lisa Braden

enclosures

**FILED**  
11 APR 13 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP**

**OF**

**DUCCIO BALDARI, MD, LLLP**

The undersigned general partner does hereby sign and swear to this Certificate of Limited Partnership and pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act of 2005, desire to form a limited liability limited partnership under the following terms and conditions.

**ARTICLE I - NAME OF LIMITED PARTNERSHIP**

The name of this limited liability limited partnership, hereinafter called the "limited partnership", shall be "DUCCIO BALDARI, MD, LLLP".

**ARTICLE II - INITIAL DESIGNATED OFFICE**

The initial street address of the initial designated office of this limited partnership shall be 3347 State Road 7, Suite 203, Wellington, FL 33449. The mailing address of the limited partnership is 3347 State Road 7, Suite 203, Wellington, FL 33449.

**ARTICLE III - REGISTERED AGENT AND ADDRESS OF REGISTERED AGENT**

The designated agent for service of process shall be Duccio Baldari, whose address is 405 Via Placita, Palm Beach Gardens, FL 33418.

*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 to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Duccio Baldari

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 13 PM 4:06

FILED

#### ARTICLE IV - NAME OF GENERAL PARTNERS AND BUSINESS ADDRESSES

The general partner and its business address is:

**NAME:**

Duccio Baldari and Maria Steiner Baldari, as Trustees  
of the BALDARI TENANCY BY THE ENTIRETIES  
TRUST Dated February 5, 2011

**BUSINESS ADDRESS:**

3347 State Road 7  
Ste. 203  
Wellington, FL 33449

#### ARTICLE V - TERM OF EXISTENCE

The limited partnership existence shall commence as of the date on which this Certificate of Limited Partnership is filed with the necessary filing fee with the Florida Department of State.

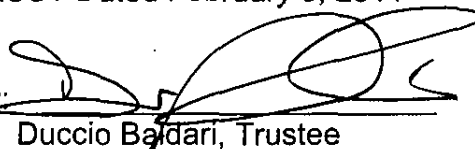
#### ARTICLE VI - LIMITED LIABILITY LIMITED PARTNERSHIP ELECTION

This limited partnership elects to be a limited liability limited partnership.

Signed this 5th day of February, 2011.

GENERAL PARTNER:

BALDARI TENANCY BY THE ENTIRETIES  
TRUST Dated February 5, 2011

By:   
Duccio Baldari, Trustee

By: Maria Steiner Baldari  
Maria Steiner Baldari, Trustee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 13 PM 11:06

FILED