

# A11000000413

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

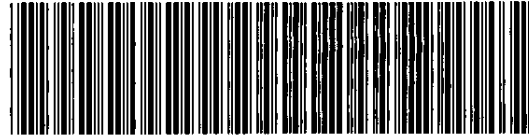
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY 31 AM 11:08

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C. LEWIS

JUN 1 2011

EXAMINER

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**KENNEDY & SANTINO, P.L.**  
**ATTORNEYS AT LAW**

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THE FORUM - TOWER A  
1675 PALM BEACH LAKES BLVD., SUITE 700  
WEST PALM BEACH, FL 33401

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\*\* Federal Tax Counsel to the Firm  
Admitted in Ohio Only, Practice Limited  
To Matters of Federal Tax Law  
\*\*\* Also Admitted in Colorado and Montana

May 27, 2011

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

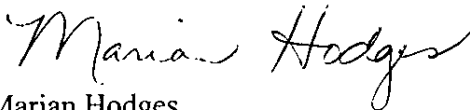
**Re: Murray D. Logan Family Limited Partnership**

Dear Sir/Madame:

Enclosed please find original Certificate of Limited Partnership to be filed for the above-referenced entity. Also enclosed is our firm's check in the amount of \$1,000.00, representing your filing fee for this limited partnership.

Please do not hesitate to contact us if you have any questions concerning these enclosures.

Sincerely,  
**KENNEDY & SANTINO, P.L.**

  
Marian Hodges,  
Legal Assistant to P. Todd Kennedy

/moh  
Encls.

F:\Logan, Murray\lrs\Div of Corp 5 27 11 wpd

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MURRAY D. LOGAN FAMILY LIMITED PARTNERSHIP

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:

P. Todd Kennedy, Esq.

Contact Person

KENNEDY & SANTINO, P.L.

Firm/Company

1675 Palm Beach Lakes Blvd, Ste 700

Address

West Palm Beach, FL 33401

City, State and Zip Code

kennedy@kennedypllaw.com

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

For further information concerning this matter, please call:

P. Todd Kennedy at ( 561 ) 683-2484

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

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

FILED  
2011 MAY 31 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. MURRAY D. LOGAN FAMILY LIMITED PARTNERSHP

(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. 17888 Brian Way, Jupiter, Florida 33478

(Street address of initial designated office)

3. Murray D. Logan

(Name of Registered Agent for Service of Process)

4. 17888 Brian Way, Jupiter, Florida 33478

(Florida street address for Registered Agent)

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. 17888 Brian Way, Jupiter, Florida 33478

(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

Name:

Business Address:

M. D. Logan Management, LLC

17888 Brian Way

L11000057345

Jupiter, Florida 33478

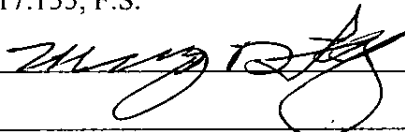
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2011 MAY 31 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 17<sup>th</sup> day of May, 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.



Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75