

A11000000415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

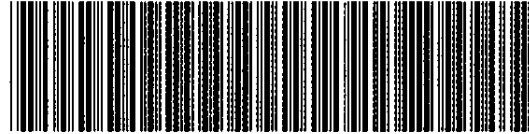
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200208114422

05/31/11--01010--026 **1000.00

FILED
2011 MAY 31 AM 8:28
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

J. SAULSBERRY
EXAMINER

JUN 1 2011

KENNEDY & SANTINO, P.L.
ATTORNEYS AT LAW

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

P. TODD KENNEDY, P.L., LL.M. Taxation †
DANA M. SANTINO, P.L., LL.M. Taxation, Of Counsel *

EARL E. MAYER, JR., Of Counsel **
BENJAMIN S. KENNEDY, JR., P.A., Of Counsel
MARK J. NOWICKI, P.A., Of Counsel † ***

† Board Certified in Taxation
* Also Admitted in New York and the District of Columbia

** 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

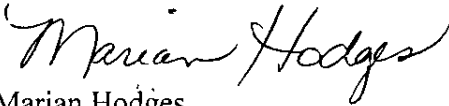
Re: Clarence A. Vogel Family Limited Partnership

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 \$1000.00, 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:\VOGEL, CLARENCE\lra\Div of Corp 5 27.11.wpd

FILED
2011 MAY 31 AM 8:28
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLARENCE A. VOGEL 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

Name of Contact Person

at (561) 683.2484

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 31 AM 8:28

FILED

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

1. CLARENCE A. VOGEL FAMILY LIMITED PARTNERSHIP

(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. 6242 FOX RUN CIRCLE, JUPITER, FLORIDA 33458

(Street address of initial designated office)

3. CLARENCE A. VOGEL

(Name of Registered Agent for Service of Process)

4. 6242 FOX RUN CIRCLE, JUPITER, FLORIDA 33458

(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. 6242 FOX RUN CIRCLE, JUPITER, FLORIDA 33458

(Mailing address of initial designated office)

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

2011 MAY 31 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

8. Name and business address of each general partner:

Name:

Business Address:

C.A. VOGEL MANAGEMENT, LLC

6242 Fox Run Circle

Jupiter, FL 33458

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 13th 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.

Chris Vogel

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

2011 MAY 31 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED