

A11000000465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

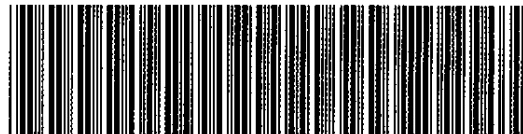
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

W11-30979
Special Instructions to Filing Officer:

Office Use Only



000208258570

05/31/11--01036--021 **1061.25

EFFECTIVE DATE
5/31/11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 31 AM 11:14

6 Tedlock JUN 23 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE BANCROFT INSURANCE GROUP LP
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:

STUART ANOLIK

Contact Person

CBIZ MHM

Firm/Company

3 BETHESDA METRO CENTER SUITE 600

Address

BETHESDA, MD 20814

City, State and Zip Code

SANOLIK@CBIZ.COM

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

For further information concerning this matter, please call:

STUART ANOLIK at (240) 396-2786
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2011

STUART ANOLIK
CBIZ MHM
3 BETHESDA METRO CENTER SUITE 600
BETHESDA, MD 20814

SUBJECT: THE BANCROFT INSURANCE GROUP LP
Ref. Number: W11000030979

We have received your document for THE BANCROFT INSURANCE GROUP LP 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 effective date cannot be prior to the date of filing.

Please amend your effective date to read May 31, 2011, or after.

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) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 111A00013850



CBIZ MHM, LLC

3 Bethesda Metro Center, Suite 600
Bethesda, MD 20814-6332 ■ www.cbiz.com/midatlantic
Ph: 301.951.3636 ■ F: 301.951.0425

June 21, 2011

Ms. Brenda Tadlock
Senior Section Administrator
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: W11000030979

Dear Ms. Tadlock:

Attached please find amended certificate of LP for The Bancroft Insurance Group LP changing effective date to May 31, 2011.

Regards,

A handwritten signature in black ink, appearing to read "Stuart H. Anolik".

Stuart H. Anolik

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 31 AM 11:14

1. THE BANCROFT INSURANCE GROUP LP

(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. 8818 SW 72ND STREET, APT F 136

(Street address of initial designated office)

MIAMI, FLORIDA 33173

3. PHILIP A. SIGEL

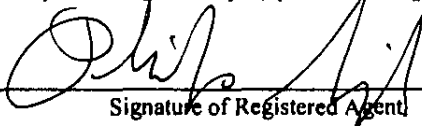
(Name of Registered Agent for Service of Process)

4. 8818 SW 72ND STREET, APT F 136

(Florida street address for Registered Agent)

MIAMI, FL 33173

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. 8818 SW 72ND STREET, APT F136

(Mailing address of initial designated office)

MIAMI, FL 33173

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:

PHILIP A. SIGEL

8818 SW 72ND STREET, APT F136

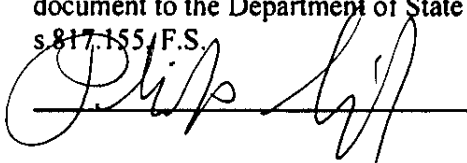
MIAMI, FL 33173

9. Effective date, if other than the date of filing: MAY 31, 2011

(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 20 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