

A 120000000009

(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



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12/09/11--01015--027 **1008.75

FILED
2012 JAN -5 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
Jan 9 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2011

JASON WARSHOFSKY / JASON WARSHOFSKY, P.A.
2655 LEJUENE ROAD
SUITE 304
CORAL GABLES, FL 33134

SUBJECT: SPENCER J. DAVID FAMILY LIMITED PARTNERSHIP
Ref. Number: W11000061890

We have received your document for SPENCER J. DAVID FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 411A00027631

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: 411A00027631

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spencer J. David 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:

Jason Warshofsky

Contact Person

Jason Warshofsky, P.A.

Firm/Company

2655 Lejuene Road, Suite 304

Address

Coral Gables, Florida 33134

City, State and Zip Code

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

For further information concerning this matter, please call:

Jason Warshofsky at (305) 446-1244

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Spencer J. David 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. 2000 Towerside Terrace, TS-4

(Street address of initial designated office)

Miami, Florida 33138

3. Jason Warshofsky

(Name of Registered Agent for Service of Process)

4. 2655 Lejuene Road, Suite 304

(Florida street address for Registered Agent)

Coral Gables, Florida 33134

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. ~~2000 Towerside Terrace, TS-4~~

(Mailing address of initial designated office)

Miami, Florida 33138

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

8. Name and business address of each general partner:

Name:

G SJD, LLC L110DD143235

Business Address:

2000 Towerside Terrace, TS-4


Miami, Florida 33138

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 _____ day of November, 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:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

Page 2 of 2

2012 JAN -5 PM 12:33
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TALLAHASSEE, FLORIDA

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