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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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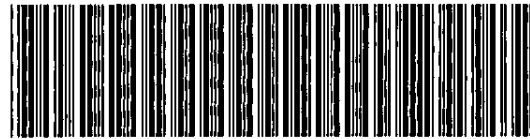
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

FEB - 7 2012

EXAMINER



The Tower at Erieview, Suite 3300
1301 East 9th Street, Cleveland, OH 44114
Main [216] 737-5000 ■ Fax [216] 737-0011 ■ Web www.chernettwasserman.com

E-Mail: sgn@chernettwasserman.com
Direct Dial: (216) 861-6219
Extension: 103

January 31, 2012

Registration Section
Division of Corporations
Attn: Joey
P.O. Box 5327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Gilbert Neiss Family Limited Partnership

Dear Joey:

Pursuant to our telephone conversation, enclosed please find the following for the filing of a Limited Partnership regarding the above matter:

- 1) Certificate of Limited Partnership for Florida Limited Partnership or Limited Liability Limited Partnership; and
- 2) Check in the amount of \$950.00 (\$1,000.00 - \$50.00 previously forwarded = \$950.00)

Should you have any questions, please do not hesitate to call me.

Very truly yours,

Shadrach G. Neiss

/mgm
Enclosures

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

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TALLAHASSEE, FLORIDA

1. The Gilbert Neiss 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. 7 Diamond Drive, Key West, Florida 33040

(Street address of initial designated office)

3. Constance S. Gilbert

(Name of Registered Agent for Service of Process)

4. 7 Diamond Drive, Key West, Florida 33040

(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. 7 Diamond Drive, Key West, Florida, 33040

(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:

Shadrach Neiss, Esq.

9251 West Sprague Road

North Royalton, Ohio 44133


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9. Effective date, if other than the date of filing: January 1, 2012

(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 27th day of January, 2012.

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