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(Address)

(Address)

(City/State/Zip/Phone #)

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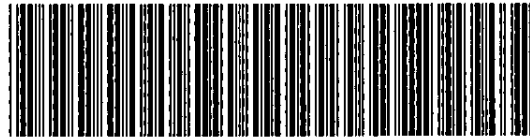
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

B. BOSTICK

FEB - 8 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCHOLSOHN FAMILY LTD

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:

SHIRLEY SCHOLSOHN

Contact Person

Firm/Company

10690 STONEBRIDGE BLVD

Address

BOCA RATON, FL 33498

City, State and Zip Code

RICHSCHOLSOHN@hotmail.com

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

For further information concerning this matter, please call:

JEFFREY LUTIN

Name of Contact Person

at (561)

393-9948

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

CR2E030 (01/06)

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12 FEB -6 AM 11:45
TALLAHASSEE, FLORIDA
STATE

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

1. SCHOLSOHN FAMILY LTD

(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. 10690 STONEBRIDGE BLVD
(Street address of initial designated office)

BOCA RATON, FL 33448

3. SHIRLEY SCHOLSOHN
(Name of Registered Agent for Service of Process)

4. 10690 STONEBRIDGE BLVD
(Florida street address for Registered Agent)

BOCA RATON, FL 33448

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.

X Shirley Scholsohn
Signature of Registered Agent

6. 10690 STONEBRIDGE BLVD
(Mailing address of initial designated office)

BOCA RATON, FL 33448

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

SHIRLEY SCHOLZOW TR 10690 STONEBRIDGE BLVD
BOCA RATON, FL 33491

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TALLAHASSEE, FLORIDA

FILED

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 28 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.

x Shirley Scholzow

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75