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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

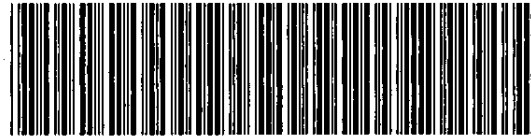
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/09/12--01025--006 **1061.25

FILED
12 MAR 20 PM 3:13
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

N. Culligan MAR 20 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Grewell Family Partnership, 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:

William J. Scott, Esq.
Contact Person

Law Offices of William J. Scott
Firm/Company

7425 Bee Bee Drive
Address

Rockville, MD 20855
City, State and Zip Code

billscott62@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William J. Scott at (301) 963-3586
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

March 12, 2012

LAW OFFICES OF WILLIAM J. SCOTT
7425 BEE BEE DRIVE
ROCKVILLE, MD 20855

SUBJECT: THE GREWELL FAMILY PARTNERSHIP, LTD.
Ref. Number: W12000013997

**File as a regular limited partnership.*

We have received your document for THE GREWELL FAMILY PARTNERSHIP, LTD. 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 name of your limited liability limited partnership cannot include a limited partnership suffix. The name must include an acceptable limited liability limited partnership suffix. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, L.L.L.P. or LLLP. Please amend your document accordingly.

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 212A00009024

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The Grewell Family Partnership, 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. 3055 Sans Pareil Street
(Street address of initial designated office)

Jacksonville, FL 32246

3. Allison Grewell Carbonneau
(Name of Registered Agent for Service of Process)

4. 3055 Sans Pareil Street
(Florida street address for Registered Agent)

Jacksonville, FL 32246

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. 3055 Sans Pareil Street
(Mailing address of initial designated office)

Jacksonville, FL 32246

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:

Bruce W. Grewell

815 Carter Rd.


Rockville, MD 20852

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 8th day of March, 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.



Bruce W. Grewell

Sole General Partner

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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TALLAHASSEE, FLORIDA