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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE  
OCT 29 2012  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

October 17, 2012

**SUBJECT:** Deferred Income, L.P.

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:

Brett M. Dale

Contact Person

Huck Bouma P.C.

Firm/Company

1755 S. Naperville Road, Suite 200

Address

Wheaton, IL 60189-5844

City, State and Zip Code

bdale@huckbouma.com

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

For further information concerning this matter, please call:

Brett M. Dale

Name of Contact Person

at ( 630 )

221-1755

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. Deferred Income, L.P.

(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. 9636 Cypress Hammock Circle, #201  
(Street address of initial designated office)

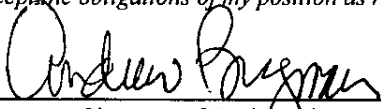
Bonita Springs, FL 34135

3. Andrew Bregman  
(Name of Registered Agent for Service of Process)

4. 9636 Cypress Hammock Circle, #201  
(Florida street address for Registered Agent)

Bonita Springs, FL 34135

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. 9636 Cypress Hammock Circle, #201  
(Mailing address of initial designated office)

Bonita Springs, FL 34135

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

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TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

Andrew Bregman, as Trustee of the  
Andrew Bregman Trust dtd 9/10/84

9636 Cypress Hammock Circle, #201

Bonita Springs, FL 34135

Joan M. Bregman, as Trustee of the  
Joan M. Bregman Trust dtd 2/12/88

9636 Cypress Hammock Circle, #201

Bonita Springs, FL 34135

Andrew Bregman, as Trustee of the  
Ann Bregman Trust dtd 5/26/96

9636 Cypress Hammock Circle, #201

Bonita Springs, FL 34135

Andrew Bregman, as Trustee of the  
Benjamin Bregman Trust dtd 2/4/98

9636 Cypress Hammock Circle, #201

Bonita Springs, FL 34135

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 10<sup>th</sup> day of October, 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 s817.155, F.S.

Andrew Bregman, as Trustee of  
the Andrew Bregman Trust; the  
Ann Bregman Trust; and the  
Benjamin Bregman Trust

Joan M. Bregman, as Trustee of the  
the Joan M. Bregman Trust

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**