A12000000775

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000281267 3)))

H12000281267 3ABC$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CASEY CIKLIN LUBITZ MARTENS & O'CONNELL
Account Number : 076376001447
Phone : (561)832-5900
Fax Number : (561)833-4209

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ____________________

FLORIDA/FOREIGN LP/LLLP
Estein Three Sisters, Ltd.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	$1,052.50

RECEIVED 12 NOV 30 PM 2:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED 12 NOV 30 AM 9:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA

B. BOSTICK
DEC - 3 2012
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

EGP120000304 6

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

1. Estein Three Sisters, 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. 4705 S. Apopka Vineland Road, Suite 201
(Street address of initial designated office)
Orlando, Florida 32819

3. Lothar Estein
(Name of Registered Agent for Service of Process)

4. 4705 S. Apopka Vineland Road, Suite 201
(Florida street address for Registered Agent)
Orlando, Florida 32819

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
Lothar Estein

6. 4705 S. Apopka Vineland Road, Suite 201
(Mailing address of initial designated office)
Orlando, Florida 32819

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

FILED
12 NOV 30 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EGP120000304 6

EGP120000304 6

8. Name and business address of each general partner:

Name:	Business Address:
Estein Daughters, LLC	4705 S. Apopka Vineland Road
L12000139092	Suite 201
	Orlando, Florida 32819

FILED
12 NOV 30 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 26th day of ~~September~~ November 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.

Estein Daughters, LLC

By: _____

Lothar Estein, Manager

Filing Fees: $1,000.00 ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional): $52.50
Certificate of Status (optional): $8.75

EGP120000304 6

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2012

CASEY CIKLIN LUBITZ MARTENS & O'CONNELL

,

SUBJECT: ESTEIN THREE SISTERS, LTD.
REF: W12000059739

FILED
12 NOV 30 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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.

Barbara Bostick
Regulatory Specialist II

FAX Aud. #:
Letter Number: 312A00028504

RECEIVED
12 NOV 30 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA