

A12000000870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

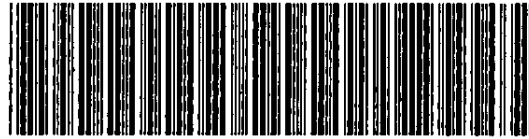
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100242305091

12/10/12--01013--001 **1008.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2012 DEC 10 AM 8:50
FILED

J. SAULSBERRY
EXAMINER

DEC 13 2012



Vasallo Sloane, P.L.
301 E. Pine Street, Suite 250
Orlando, Florida 32801-2744
Tel: 407.622.6751
Fax: 866.389.2760
vasallosloane.com

Andrew H. Thompson, Esq.
J.D., LL.M. in Estate Planning
andrew@vasallosloane.com

VIA REGULAR MAIL

December 6, 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Gallup Family Limited Partnership

Dear Sir/Madam:

Please find enclosed for filing the Certificate of Limited Partnership for Florida, Limited Partnership with respect to the above-referenced limited partnership. Also enclosed is a check payable to the Florida Department of State in the amount of \$1,008.75 for the filing fees and a Certificate of Status.

Feel free to contact my office if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "A.H. Thompson", is written over a horizontal line.

Andrew H. Thompson, Esq.

AHT/ja

Enclosures: aforementioned

2012 DEC 10 AM 10 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GALLUP FAMILY LIMITED PARTNERSHIP
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:

CHRISTOPHER D. VASALLO, ESQ.

Contact Person

VASALLO SLOANE, P.L.

Firm/Company

12394 SW 82 AVENUE

Address

PINECREST, FL 33156

City, State and Zip Code

chris@vasallosloane.com

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

For further information concerning this matter, please call:

CHRISTOPHER D. VASALLO, ESQ. at (305) 233-9066
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

CR2E030 (01/06)

2012 DEC 10 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

1. GALLUP 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. 13240 SW 98 PLACE
(Street address of initial designated office)

MIAMI, FL 33176

3. VASALLO SLOANE, P.L.
(Name of Registered Agent for Service of Process)

4. 12394 SW 82 AVENUE
(Florida street address for Registered Agent)
PINECREST, FL 33156

2012 DEC 10 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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. 13240 SW 98 PLACE
(Mailing address of initial designated office)

MIAMI, FL 33176

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:

GALLUP FAMILY HOLDINGS, LLC

13240 SW 98 PLACE

LL2000140554

MIAMI, FL 33176

Multiple horizontal lines for additional partner information.

2012 DEC 10 AM 8:50
SECRETARY OF STATE
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 4th day of DECEMBER, 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.

[Signature]
AS MANAGER OF GALLUP
FAMILY HOLDINGS, LLC

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