

A120000000997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

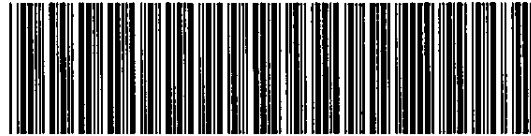
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400242901794

12/26/12--01038--005 **1000.00

FILED

2012 DEC 26 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 27 2012

EXAMINER

50SEMBLER

YEARS Creating Retail Value.

Via Federal Express
December 21, 2012

Registration Section
Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

FILED
2012 DEC 26 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Re: Certificate of Limited Partnership
BWS Family Partnership, Ltd.**

Dear Sir or Madam:

Enclosed are the Certificate of Limited Partnership for a Florida Limited Partnership and our check #1497 for \$1,000.00 for the filing of the above-referenced new limited partnership with the Florida Division of Corporations.

We respectfully request that this filing be expedited to in order to have this new partnership on record prior to the end of the year.

Please return your letter acknowledging the filing of this Certificate of Limited Partnership to my attention at the address shown below.

5858 Central Avenue
St. Petersburg, FL 33707-1728

If you have any questions, please do not hesitate to contact my office.

Sincerely,



Deann Lazzari Wojcicki
Chief Financial Officer

DLW/vlm
K:DeannLtrs FLA DOS BWS Fam PS Ltd - Cert of Ltd PS - 12-21-12

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BWS 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:

Deann Lazzari Wojcicki

Contact Person

The Sembler Company

Firm/Company

5858 Central Avenue

Address

St. Petersburg, FL 33707-1728

City, State and Zip Code

deann.lazzari-wojcicki@sembler.com

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

For further information concerning this matter, please call:

Deann Lazzari Wojcicki

Name of Contact Person

at (727)

384-6000

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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)

FILED
2012 DEC 26 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. BWS 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.P., L.L.P., or LLLP.

2. 5858 Central Avenue

(Street address of initial designated office)

St. Petersburg, FL 33707-1728

3. Brent W. Sembler

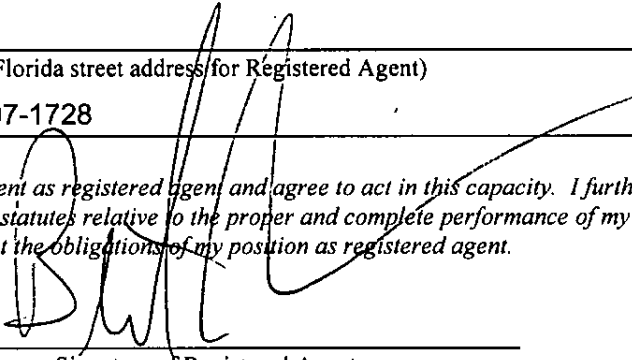
(Name of Registered Agent for Service of Process)

4. 5858 Central Avenue

(Florida street address for Registered Agent)

St. Petersburg, FL 3707-1728

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. 5858 Central Avenue

(Mailing address of initial designated office)

St. Petersburg, FL 33707-1728

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

2012 DEC 26 AM 10:10
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

8. Name and business address of each general partner:

Name:

Business Address:

Brent W. Sembler

5858 Central Avenue

St. Petersburg, FL 33707-1728

2012 DEC 26 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

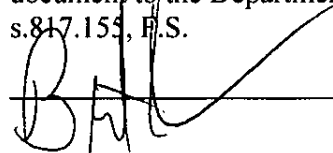
FILED

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 21st 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.



Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75