

A130000000606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

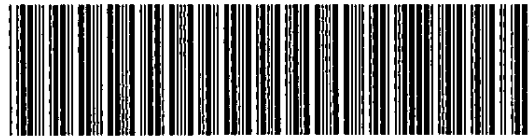
Certified Copies _____ Certificates of Status _____

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OCT - 7 2013

A. LUNT

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2013 OCT - 1 AM 11:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fligelman 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:

melissa abers

Contact Person

Firm/Company

2109 Sunrise Key Blvd.

Address

Ft. Lauderdale, FL 33304

City, State and Zip Code

mommabers@aim.com

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

For further information concerning this matter, please call:

Melissa Abers

Name of Contact Person

at (954) 647-2109

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT - 1 AM 11:47

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

1. Fligelman Family Partnership, LLLP

(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. 2109 Sunrise Key Blvd
(Street address of initial designated office)

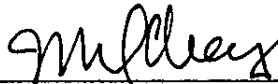
Ft. Lauderdale, FL. 33304

3. Melissa S. Abers
(Name of Registered Agent for Service of Process)

4. 2109 Sunrise Key Blvd
(Florida street address for Registered Agent)

Ft. Laud., FL 33304

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. 2109 Sunrise Key Blvd
(Mailing address of initial designated office)

Ft. Lauderdale, FL 33304

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:

Melissa S. Abers

2109 Sunrise Key Blvd

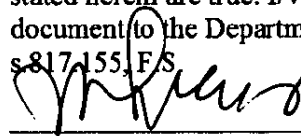
Ft. Lauderdale, Fl 33304

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 27 day of September, 2013.

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, FS



Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75