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(Requestor's Name)

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(Document Number)

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EX-1000
OCT 25 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Robert L. Fisher 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:

Penny K. Every
Contact Person

Jeffrey C. Sweet, Esquire
Firm/Company

595 W. Granada Blvd., Suite A
Address

Ormond Beach, FL 32174
City, State and Zip Code

Penny.every@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Penny K. Every at (386) 677-3431
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

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FILED
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

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

1. Robert L. Fisher 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. 2727 N. Atlantic Ave., # 801 & 802
(Street address of initial designated office)

Daytona Beach, FL 32118

3. Robert L. Fisher, Sr.
(Name of Registered Agent for Service of Process)

4. 2727 N. Atlantic Ave., # 801 & 802
(Florida street address for Registered Agent)

Daytona Beach, FL 321187

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. 2727 N. Atlantic Ave. #801 & 802
(Mailing address of initial designated office)

Daytona Beach, FL 32118

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:

RLF SR, INC.

2727 N. Atlantic ave., #801 & 802

Daytona Beach, FL 32118

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FLORIDA DEPARTMENT OF STATE

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 19th 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, F.S.

RLF SR, INC.

By: Robert L. Fisher, Sr., President

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75