

Division of Corporations

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**A1400000075**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H14000027877 3)))



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

**\*RE-SUBMIT\***

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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date of submission 2/4

**\*\*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  
Winchester Laboratories, LLLP**

Certificate of Status	0
Certified Copy	0
Page Count	04/6
Estimated Charge	\$1,000.00

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TALLAHASSEE, FLORIDA

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D. BROWN

850-617-6381

2/5/2014 12:25:38 PM

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Fax Server



February 5, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: WINCHESTER LABORATORIES, LLLP  
REF: W14000007501

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

The document number of the name conflict is M11000006128.

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.

Deborah Bruce  
Regulatory Specialist II

FAX Aud. #: H14000027877  
Letter Number: 714A00002589

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TALLAHASSEE, FLORIDA

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2/5/2014 16:57:45 From: To: 8506176383

( 3/6 )

**Winchester  
Laboratories**

**February 5, 2014**

**Winchester Laboratories, LLLP  
1177 Blue Herron Blvd  
Suite B-106  
Riviera Beach, FL 33404**

**RE: Winchester Laboratories, LLLP**

**To Whom It May Concern:**

**I, Howard Rose, Manager of Winchester Laboratories, LLC, hereby give the express consent to the use of the name Winchester Laboratories, LLLP, for registration of a Limited Liability Limited Partnership in the state of Florida.**

**Sincerely,**



**Howard Rose,  
Manager  
Winchester Laboratories, LLC**

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**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**1177 Blue Heron Blvd. W  
Suite B - 106  
Riviera Beach  
FL 33404  
Tel: (630) 377 7880**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WINCHESTER LABORATORIES, LLLP

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:

John D. Gutzke, Esq.

Contact Person

ROLEWICK & GUTZKE, P.C.

Firm/Company

1776 S. Naperville Road, Suite 104A

Address

Wheaton, Illinois 60189

City, State and Zip Code

rg@rglawfirm.com

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

For further information concerning this matter, please call:

John D. Gutzke, Esq.

Name of Contact Person

at ( 630 ) 653-1577

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                                                                                      |                                                                                 |                                                                       |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees<br>Certified Copy, and<br>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)

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TALLAHASSEE, FLORIDA

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JAN 24 2014

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

1. Winchester Laboratories, 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. 1177 W. Blue Heron Blvd., Suite B-106

*(Street address of initial designated office)*

Riviera Beach, FL 33404

3. C T Corporation System

*(Name of Registered Agent for Service of Process)*

4. 1200 South Pine Island Road

*(Florida street address for Registered Agent)*

Plantation, FL 33324

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.*

*Kristin Bolden*

**Kristin Bolden  
Assistant Secretary (C T Corporation System)**

*Signature of Registered Agent*

6. 1177 W. Blue Heron Blvd., Suite B-106

*(Mailing address of initial designated office)*

Riviera Beach, FL 33404

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Howard Rose

1177 W. Blue Heron Blvd., Suite B-106

Riviera Beach, FL 33404

Annette Rose

1177 W. Blue Heron Blvd. Suite B-106

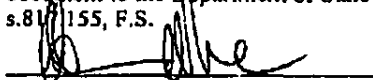
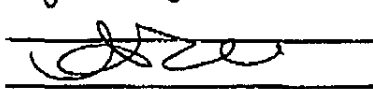
Riviera Beach, FL 33404

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 27th day of January, 2014

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:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (S965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$8.75

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TALLAHASSEE, FLORIDA

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