

A1400000544

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



HARRINGTON,
HOPPE &
MITCHELL, LTD.

Legal Solutions for Business and Life

October 6, 2014

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

RE: Covelli Family Limited Partnership III

Dear Registration Section:

Enclosed please find an original and one copy of the Certificate of Limited Partnership for a Florida limited partnership. Also enclosed is the cover letter and our firm's check for the filing fee. Could you please process the enclosed Certificate and return a time-stamped copy to me in the envelope provided.

Thank you for your assistance.

Sincerely,


Kevin P. Murphy

John L. Pogue
Paul M. Dutton
James L. Blomstrom
Frederick S. Coombs, III
Alan D. Wenger
William L. Hawley
Thomas G. Carey, Jr.
John T. Dellick
Kevin P. Murphy
Neil H. Maxwell
Martin J. Boetcher
Patrick K. Wilson
Neil D. Schor
Shawna L. L'Italien
Michael J. McGee
George P. Millich, Jr.
Matthew G. Vansuch
Denise Glinatsis Bayer
Vito J. Abruzzino
Megan M. Millich
Matthew M. Ries

KPM:kl
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Covelli Family Limited Partnership III
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:

Kevin P. Murphy
Contact Person

Harrington, Hoppe & Mitchell, Ltd.
Firm/Company

108 Main Avenue, S.W., Suite 500
Address

Warren, OH 44481
City, State and Zip Code

kmurphy@hhmlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Ricci at (321) 947-3387
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

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

FILED
2014 OCT -9 AM 11: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Covelli Family Limited Partnership III

(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. 6713 SE Marina Way

(Street address of initial designated office)

Stuart, FL 34994

3. Kevin Ricci

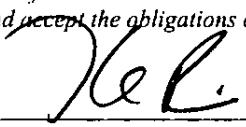
(Name of Registered Agent for Service of Process)

4. 909 S. Golf View Street

(Florida street address for Registered Agent)

Tampa, FL 33629

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. 909 S. Golf View Street

(Mailing address of initial designated office)

Tampa, FL 33629

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:

A.M. Covelli Company, Inc.
P97000065339

6713 SE North Marina Way
Stuart, FL 34994

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 _____ day of _____, _____.

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.



Kevin Ricci

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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TALLAHASSEE, FLORIDA