

MAY. 12. 2015 10:56AM

JONES FOSTER 561 650 0435
Division of Corporations

NO. 3750 P. 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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To:

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

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561)650-0471
Fax Number : (561)650-5300

2015 MAY 12 PM 2:08
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TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jfservice@jonesfooster.com

**FLORIDA/FOREIGN LP/LLP
THE DENERSTEIN FAMILY LIMITED PARTNERSHIP**

Certificate of Status	0
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Estimated Charge	\$1,052.50

15 MAY 12 PM 10:00

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J. HARRIS

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MAY. 12. 2015 10:57AM

JONES FOSTER 561 650 0435

NO. 3750 P. 3

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE DENERSTEIN 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:

Thornton M. Henry, Esq.

Contact Person

Jones, Foster, Johnston & Stubbs, P.A.

Firm/Company

505 South Flagler Drive, Suite 1100

Address

West Palm Beach, FL 33401

City, State and Zip Code

jfservice@jonesfooster.com

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

For further information concerning this matter, please call:

Thornton M. Henry at (561) 659-3000

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

CR2E030 (01/06)

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MAY 12 2015 10:57AM

JONES FOSTER 561 650 0435

NO. 3750 P. 2



May 12, 2015

FLORIDA DEPARTMENT OF STATE

JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Division of Corporations

SUBJECT: THE DENERSTEIN FAMILY LIMITED PARTNERSHIP
REF: W15000033399

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

Any partner or agent of a partnership that is a legal or other commercial entity, and not an individual, must be organized or otherwise registered and maintain an active status with the Florida Department of State. It cannot be dissolved, revoked, canceled or withdrawn.

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.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H15000114393
Letter Number: 215A00009880

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 12 PM 2:08

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

1. THE DENERSTEIN 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. 7749 SE Mammoth Drive

(Street address of initial designated office)

Hobe Sound, FL 33455

3. Jones Foster Service, LLC

(Name of Registered Agent for Service of Process)

4. 505 South Flagler Drive, Suite 1100

(Florida street address for Registered Agent)

West Palm Beach, FL 33401

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. 7749 SE Mammoth Drive

(Mailing address of initial designated office)

Hobe Sound, FL 33455

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

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8. Name and business address of each general partner:

Name: L15000082527
DENERSTEIN GP, LLC

Business Address:
7749 SE Mammoth Drive
Hobe Sound, FL 33455

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TALLAHASSEE, FLORIDA

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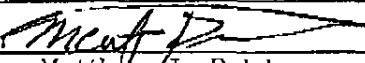
9. Effective date, if other than the date of filing: _____

(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 8th day of May, 2015

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.

DENERSTEIN GP, LLC

By: 
Matthew J. Polsky
Manager

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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