

A/5000000 4/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

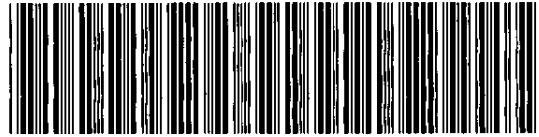
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15 JUN 26 PM 12:38

FILED  
15 JUN 26 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 29 2015

N. CAUSSEAU

# SUNSHINE CORPORATE & FILING SERVICES, INC.

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## COVER LETTER

WALK IN

ENTITY NAME: The Sakowitz Family  
Limited Partnership

CK # 2466

AMOUNT: 1052.50

PLEASE FILE THE ATTACHED AND RETURN:

☐ PLAIN COPY

☒ CERTIFIED COPY

PLEASE CONTACT TINA AT 850-508-1891 FOR  
FURTHER INFORMATION ON THIS MATTER.

THANK YOU!

TINA GOFF, PRESIDENT

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

**FILED**  
15 JUN 26 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The Sakowitz 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. 3351 Monet Drive West  
(Street address of initial designated office)

Palm Beach Gardens, FL 33418

3. Arthur Schwabe, Sr.  
(Name of Registered Agent for Service of Process)

4. 3351 Monet Drive West  
(Florida street address for Registered Agent)

Palm Beach Gardens, FL 33418

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. 3351 Monet Drive West  
(Mailing address of initial designated office)

Palm Beach Gardens, FL 33418

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:

DeLillo, Inc.

915-54901

3351 Monet Drive West

Palm Beach Gardens, FL 33418

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____

FILED  
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TALLAHASSEE, FLORIDA

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 22nd day of June, 2015

Signature of each general partner:

<u><i>Paul J. DeLillo</i></u>	_____
_____	_____
_____	_____

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75