

A15000000443

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(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATE
15 JUL 16 AM 10:59
TO KNOWLEDGE
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FILED
2015 JUL 16 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cunniff JUL 17 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 709780 4348161

AUTHORIZATION :

COST LIMIT : \$ 1,000.00

ORDER DATE : July 16, 2015

ORDER TIME : 10:23 AM

ORDER NO. : 709780-005

CUSTOMER NO: 4348161

DOMESTIC FILING

NAME: MARAM FAMILY LIMITED
PARTNERSHIP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARAM 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:

John J. Ferguson, Esq.

Contact Person

Ferguson Cohen, LLP

Firm/Company

25 Field Point Road

Address

Greenwich, Connecticut 06830

City, State and Zip Code

jferguson@fercolaw.com

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

For further information concerning this matter, please call:

John J. Ferguson at (203) 661-5222, Ext. 211

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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2015 JUL 16 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. MARAM 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. 1029 Berkeley Drive

(Street address of initial designated office)

Kissimmee, Florida 34744

3. Karen N. Woods

(Name of Registered Agent for Service of Process)

4. 1029 Berkeley Drive

(Florida street address for Registered Agent)

Kissimmee, Florida 34744

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. 1029 Berkeley Drive

(Mailing address of initial designated office)

Kissimmee, Florida 34744

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:

Prevalence, LLC

1029 Berkeley Drive

Kissimmee, Florida 34744

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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 14TH day of July, 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.

Prevalence LLC

KAREN N. WOODS

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75