

A16000000068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

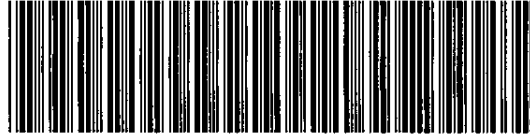
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/29/16--01018--008 **1061.25

FILED
2016 JAN 29 P 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 01 2016

S MASON

KIRK W. BENNETT ATTORNEY, P.C.

Telephone: 1-801-566-9309

Facsimile: 1-801-484-1706

Office Address:

**2323 Foothill Drive #200
Salt Lake City, Utah 84109**

Mailing Address

**Post Office Box 416
West Jordan, Utah 84084**

January 22, 2016

Certified Mail Return Receipt Number 7013 1090 00021689 2256

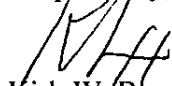
Florida Department of State
DIVISION OF CORPORATIONS
Post Office Box 6327
Tallahassee, Florida 32314

Re: Enclosed Certificate of Limited Partnership

To Whomever This May be Directed;

Enclosed are documents that it is requested be filed with your office to create Daniel and Gail Schull Limited Partnership. A check for the filing fee is also enclosed. Thank you for your assistance with this request.

Respectfully,



Kirk W. Bennett

KWB

Enclosures

Cc: Mr. and Ms. Daniel Schull/with photocopy of enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Daniel and Gail Schull 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:

Daniel Schull

Contact Person

Firm/Company

47 Grande Fairway

Address

Englewood, Florida 34223

City, State and Zip Code

dsschull@aol.com

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

For further information concerning this matter, please call:

Kirk W. Bennett

Name of Contact Person

at (801) 5669309

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

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

1. Daniel and Gail Schull 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. 47 Grande Fairway

(Street address of initial designated office)

Englewood, Florida 34223

3. Daniel Schull

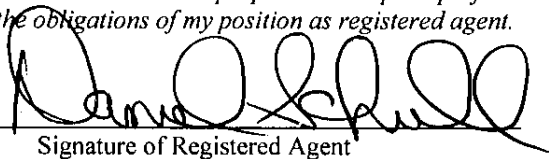
(Name of Registered Agent for Service of Process)

4. 47 Grande Fairway

(Florida street address for Registered Agent)

Englewood, Florida 34223

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. 47 Grande Fairway, Englewood, Florida 34223

(Mailing address of initial designated office)

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:

Daniel Schull

47 Grande Fairway

Englewood, Florida 34223

Gail Schull

47 Grande Fairway

Englewood, Florida 34223

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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 5TH day of JANUARY, 2016.

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.

Daniel Schull

Gail Schull

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75