

A160000000362

(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:

GP rejected
w/16-37613

W1632640

Office Use Only



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2016 JUL 28 A 8:41

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S Warren

JUL 29 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2016

BARRY T. SHEVLIN, ESQ.
1111 KANE CONCOURSE, SUITE 619
BAY HARBOR ISLANDS, FL 33154

SUBJECT: BENDERSKY FAMILY LIMITED PARTNERSHIP
Ref. Number: W16000032640

We have received your document for BENDERSKY FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

The general partner filing was rejected please correct accordingly

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 216A00009225

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bendersky 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:

Barry T. Shevlin, Esq.

Contact Person

Shevlin & Atkins, Attorneys at Law

Firm/Company

1111 Kane Concourse, Suite 619

Address

Bay Harbor Islands, FL 33154

City, State and Zip Code

barry@shevlinatkins.com

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

For further information concerning this matter, please call:

Barry Shevlin at (305) 868-0304

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**

1. Bendersky 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. 1755 East Hallandale Beach Boulevard, Apartment 1202 E, Hallandale, FL 33009
(Street address of initial designated office)

3. Felix Bendersky

(Name of Registered Agent for Service of Process)

4. 1755 East Hallandale Beach Boulevard, Apartment 1202 E, Hallandale, FL 33009
(Florida street address for Registered Agent)

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. 1755 East Hallandale Beach Boulevard, Apartment 1202 E, Hallandale, FL 33009
(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:

Bendersky Corp., a Florida for Profit Corporation

4775 Collins Avenue, Apt. 3906

Miami Beach, FL 33140

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

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 11th day of April, 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.

Bendersky Corp, a Florida Corporation

By Felix Bendersky

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