

A16000000633

(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



200290955422

10/06/18--01022--031 **1000.00

FILED
16 NOV 10 PM 4:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

~~A16000000633~~



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2016

MATTHEW J LAPOINTE, ESQ
1010 N FLORIDA AVENUE
TAMPA, FL 33602

SUBJECT: SCHOENBAUM VENTURES LIMITED PARTNERSHIP
Ref. Number: W16000069421

We have received your document for SCHOENBAUM VENTURES 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.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 416A00021806

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Schoenbaum Ventures 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:

Matthew J. Lapointe, Esq.

Contact Person

Wetherington Hamilton P.A.

Firm/Company

1010 N. Florida Avenue

Address

Tampa, FL 33602

City, State and Zip Code

MattL@whhlaw.com

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

For further information concerning this matter, please call:

Matthew J. Lapointe at (813) 676-9075

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. Schoenbaum Ventures 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. c/o Susan Schoenbaum, 2877 Cobblestone Dr.

(Street address of initial designated office)

Palm Harbor, FL 34684

3. Susan Schoenbaum

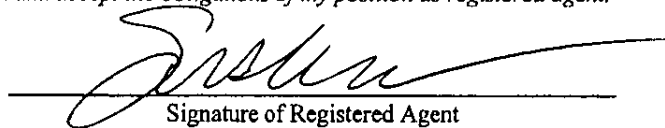
(Name of Registered Agent for Service of Process)

4. 2877 Cobblestone Dr.

(Florida street address for Registered Agent)

Palm Harbor, FL 34684

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. c/o Nurad Investments, Inc.

(Florida street address of initial designated office)

1010 N. FLORIDA AVE
Tampa / FL 33602

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

16 NOV 10 PM 4:18
FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Schoenbaum Corporation

c/o Nurad Investments, Inc.

P.O. Box 15109

Clearwater, FL 33766-5109

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

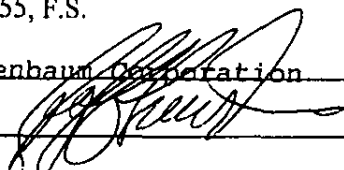
Oct 10, 2016

(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 24th day of September, 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.

Schoenbaum Corporation

By: 

Jeffrey Schoenbaum, Pres.

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75