

\*\*\*\*2 of 2 filing\*\*\*\*

This filing was previously rejected.  
rejection letter is attached.

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (800)345-4647  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: sobrien@hallettperrin.com

FLORIDA/FOREIGN LP/LLLP  
LSI PREFERRED, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

FILED  
2016 DEC 21 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

850-617-6381

12/15/2016 9:49:00 AM PAGE 1/001 Fax Server

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December 15, 2016

**FLORIDA DEPARTMENT OF STATE**  
Division of Corporations

**CAPITOL SERVICES, INC.**

**SUBJECT: LSI PREFERRED, LTD.**  
**REF: W16000083797**

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H16000305975  
Letter Number: 016A00026663

P.O BOX 6327 - Tallahassee, Florida 32314

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LSI Preferred, Ltd.  
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:

Scot W. O'Brien

Contact Person

Hallett & Perrin, P.C.

Firm/Company

1445 Ross Ave., Suite 2400

Address

Dallas, Texas 75202

City, State and Zip Code

sobrien@hallettperrin.com

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

For further information concerning this matter, please call:

Teresa Sharpley

Name of Contact Person

at ( 800 , 662-0171 )

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

FILED  
2016 DEC 21 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. LSI Preferred, Ltd.

(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.P.  
or LLLP.

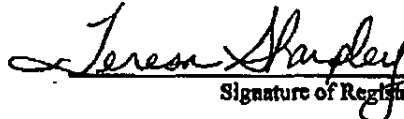
2. 9115 Galleria Court, Suite 105  
(Street address of initial designated office)

Naples, Florida 34109

3. Capitol Corporate Services, Inc.  
(Name of Registered Agent for Service of Process)

4. 155 Office Plaza Drive, Suite A, Tallahassee, Florida 32301  
(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.



Teresa Sharpley, Asst. Sec. on behalf of  
Capitol Corporate Services, Inc.

Signature of Registered Agent

6. 9115 Galleria Court, Suite 105  
(Mailing address of initial designated office)

Naples, Florida 34109

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

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## 8. Name and business address of each general partner:

Name:Business Address:LSI Preferred GP, LLC9115 Galleria Court, Suite 205Naples, Florida 34109FILED  
2016 DEC 21 AM 10:43  
CLERK OF STATE  
TREASURY OF 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 21st day of December, 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.

LSI PREFERRED, LTD.

By: Julie Krupala, Secretary ofEntity Manager, Inc., the Managing Member of  
LSI Preferred GP, LLC, its General Partner

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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