# AITMOODOO47

| (Red                      | questor's Name)  |             |
|---------------------------|------------------|-------------|
|                           |                  |             |
| (Add                      | dress)           |             |
|                           |                  |             |
| (Add                      | dress)           |             |
| (* 121                    |                  |             |
| (0)                       | (6)              |             |
| (City                     | //State/Zip/Phon | e#)         |
| PICK-UP                   | ☐ WAIT           | MAIL        |
|                           |                  |             |
| (Bus                      | siness Entity Na | me)         |
|                           |                  |             |
| (Doc                      | cument Number    |             |
| (500                      | sament Hamber,   | ,           |
|                           |                  |             |
| Certified Copies          | Certificate      | s of Status |
|                           |                  |             |
| Special Instructions to F |                  |             |
|                           |                  |             |
|                           |                  |             |
|                           |                  |             |
|                           |                  |             |
|                           |                  |             |
|                           |                  |             |
|                           |                  |             |
|                           |                  |             |

Office Use Only



700293052197

01/27/17--01016--010 \*\*1000.00

JIII JAN 27 P 12: 2: SECRE BURY OF STATE

D. BRUCE JAN 30 2017

# **COVER LETTER**

| TO: Registration Section Division of Corporations   |  |
|---|--|
| SUBJECT: SFPG, LP   |  |
| Name of Florida Lin   | nited Partnership or Limited Liability Limited Partnership   |
| The enclosed Certificate of Limited   | Partnership and fees are submitted for filing.   |
| Please return all correspondence cor  | scerning this matter to:   |
| Tom Appelgate   |  |
| Contact Person  |  |
| SCHICKEDANZ REALTY, INC.  |  |
| Firm/Company  |  |
| 8144 OKEECHOBEE BLVD., SUITE B  |  |
| Address   |  |
| WEST PALM BEACH, FL 33411   |  |
| City, State and Zip (   | Code   |
| ThomasA@schickedanzfl.com E-mail address: (to be used for future  | annual report notification)  |
| For further information concerning t  | his matter, please call:   |
| Courtney L. Scanlon   | at (716 ) 848-1538   |
| Name of Contact Person  |  |
| Enclosed is a check for the following   | Area Code and Daytime Telephone Number  g amount:  \$\frac{2}{5}\$  ing Fees \$\frac{\$1,052.50}{5}\$ Filing Fees \$\frac{\$1,061.25}{5}\$ Filing Fees |
| \$1,000.00 Filing Fees \$1,008.75 File and \$35 Registered Agent Fee) \$1,008.75 File and Certificat Status                                       |  |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 CR2E030 (01/06) | MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314  |

FL040 - 10:01/2012 Wolters Kluwer Online

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

| Acceptal             | ne of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) le Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. le Limited Liability Limited Partnership, L.L.L.P  | •             |
|----------------------|--|---------------|
| 2. <sup>8144</sup> ( | OKEECHOBEE BLVD., SUITE B, WEST PALM BEACH, FL 33411   |               |
|                      | (Street address of initial designated office)  | _             |
| 3                    | SCHICKE <b>X</b> DANZ, GERHARD H.  | _             |
|                      | (Name of Registered Agent for Service of Process)  |               |
| 4                    | 8144 OKEECHOBEE BLVD., SUITE B, WEST PALM BEACH, FL 33411  |               |
| '                    | (Florida street address for Registered Agent)  | _             |
|                      | ₩ <sub>C</sub> 5   | 9             |
| comply wand I am     | cby accept the appointment as registered agent and agree to act in this capacity. I further agree with the provisions of all statutes relative to the proper and complete performance of my duites, familiar with and accept the obligations of my position as registered agent.    By:   Gerhard H. Schickedanz   Gerhard H. Sch | <u>ح</u><br>ا |
|                      | (Mailing address of initial designated office)   |               |
| 7. If lit            | nited partnership elects to be a limited liability limited partnership, check box  | _             |

Page 1 of 2

| Signed this day of day of signature of each general partner: I/We sustated herein are true. I/We am/are aware   |   |
|---|---|
| Effective date cannot be prior to nor mor filed by the Florida Department of State.)  Signed this day of day of day of tated herein are true. I/We am/are aware document to the Department of State constitution.   | IALLAHASSES.  |
| Effective date cannot be prior to nor mor filed by the Florida Department of State.)  Signed this day of | JAN 27 FALLAHASSEE.   |
| Effective date cannot be prior to nor mor led by the Florida Department of State.)  igned this day of  | JAN 27 FALLAHASSEE.   |
| Effective date cannot be prior to nor mor led by the Florida Department of State.)  igned this day of   | TALLAHASSEE.  |
| Effective date cannot be prior to nor mor led by the Florida Department of State.)  igned this day of    | TALLAHASSEE.  |
| Effective date cannot be prior to nor mor led by the Florida Department of State.)  igned this day of           | TALLAHASSEE.  |
| Effective date cannot be prior to nor mor led by the Florida Department of State.)  igned this day of    | TALLAHASSEE.  |
| Effective date cannot be prior to nor mor led by the Florida Department of State.)  igned this day of   | ASSEC.  |
| Effective date cannot be prior to nor mor led by the Florida Department of State.)  igned this day of   | ASSEC.  |
| Effective date cannot be prior to nor mor led by the Florida Department of State.)  igned this day of   | ASSEC.  |
| Effective date cannot be prior to nor mor led by the Florida Department of State.)  igned this day of  | ASSEC.  |
| Effective date cannot be prior to nor mor led by the Florida Department of State.)  igned this day of   |   |
| igned this day of    | · · · · · · · · · · · · · · · · · · ·   |
| ignature of each general partner: I/We su<br>ated herein are true. I/We am/are aware<br>ocument to the Department of State cons   | e than 90 days after the date the document is 🤨   |
| ignature of each general partner: I/We su<br>ated herein are true. I/We am/are aware<br>ocument to the Department of State cons   | anuary 2017   |
| resident of Schickedanz Realty, Inc.  | bmit this document and affirm that the facts that any false information submitted in a titutes a third degree felony as provided for in |
|   |   |
| Filing Fees: \$1,0 Certified Copy (optional): \$52. Certificate of Status (optional): \$8.7   |   |

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

> Date of this notice 01-19-2017

Employer Identification Number: 81-5024871

Form:

of this notice: CP 575 B

For assistance you may call us at: 1-800-829-4933

SFPG LP GERHARD H SCHICKEDANZ GEN PTR 8144 OKEECHOBEE BLVD STE B WEST PALM BCH, FL 33411

> IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-5024871. This EIN will identify you have incompleted in source in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

03/15/2018

If you have guestions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax Classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B., 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

## IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents

If you have questions about your EIN, you can call us at the phone number of write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is SFPG. You will need to provide th information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation

Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

999999999

Your Telephone Numb

Best Time to Call DATE OF THIS NOTICE: 01-19-2017

EMPLOYER IDENTIFICATION NUMBER: 81-5024871

FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Idedddddddddddddddaddaddddddddd

SFPG LP GERHARD H SCHICKEDANZ GEN PTR 8144 OKEECHOBEE BLVD STE B WEST PALM BCH, FL 33411