

A17000000190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

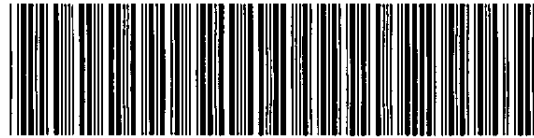
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500297663885

04/18/17--01002--013 \*\*1000.00

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17 APR 19 AM 8:19

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2017 APR 18 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 20 2017  
J. HARRIS

08268 LTH

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 4/18 Glinda

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- ☐ **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** LP

1. WEISSENBORN FAMILY MANAGEMENT LLC

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2017

CORPORATE ACCESS  
GLINDA

SUBJECT: WEISSENBORN FAMILY LP  
Ref. Number: W17000033382

*Corrected*  
17 APR 19 AM 8:19  
FILED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for WEISSENBORN FAMILY LP 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 effective date must be specific and cannot be prior to the date of filing.

The box in number 7 is checked off electing the business to be a LLLP, however the suffix in the name is an LP.,

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 017A00007555

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DEPARTMENT OF STATE  
17 APR 19 PM 4:04

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

1. Weissenborn Family LP

(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.*

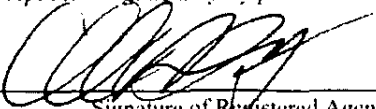
2. 1101 5th Avenue South, Naples, Florida 34102  
(Street address of initial designated office)

3. Charles M. Kelly, Jr.  
(Name of Registered Agent for Service of Process)

4. 2390 Tamiami Trail North, Suite #204  
(Florida street address for Registered Agent)

Naples, Florida 34103

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. 1101 5th Avenue South  
(Mailing address of initial designated office)

Naples, Florida 34102

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

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1128  
TAMPA, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

47000084725

Weissenborn Family Management LLC

1101 5th Avenue South

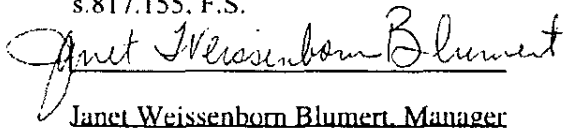
Naples, Florida 34102

9. Effective date, if other than the date of filing: 4/19/2017

*(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 14th day of April, 2017

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.



Janet Weissenborn Blumert, Manager

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17 APR 19 AM 8:19

DEPT. OF STATE  
17000084725

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**