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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

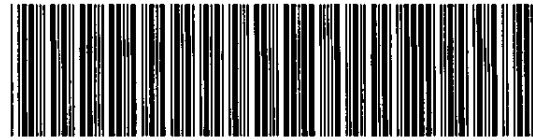
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 MAY -3 PM 4:35
ALL REQUESTS FOR
LITIGATION

MAY 10 2017

Y SULKER

4 May 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FILLMORE 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:

KIM CHARLES HORNBACH, ESQ.

Contact Person

KIM CHARLES HORNBACH, P.A.

Firm/Company

5455 JAEGER RD, STE B

Address

NAPLES, FL 34109-5805

City, State and Zip Code

yahl10@aol.com

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

For further information concerning this matter, please call:

KIM CHARLES HORNBACH at (239) 592-9828

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. FILLMORE 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. 2250 WASHBURN AVE

(Street address of initial designated office)

NAPLES, FL 34117

3. KIM CHARLES HORNBACH, ESQ.

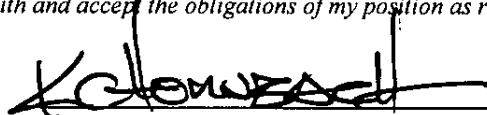
(Name of Registered Agent for Service of Process)

4. 5455 JAEGER RD, STE B

(Florida street address for Registered Agent)

NAPLES, FL 34109-5805

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. 2250 WASHBURN AVE

(Mailing address of initial designated office)

NAPLES, FL 34117

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:

WASHBURN AVENUE, L.L.C.

2250 WASHBURN AVE

NAPLES, FL 34117

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 3RD day of MAY, 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.

BY:

WASHBURN AVENUE, L.L.C.

Teresa Millmore
TERESA MILLMORE

AS: AUTHORIZED MEMBER

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75