

8/10/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

A1700000369

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FC4000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
Crema Family Investment Limited Partnership

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

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TALLAHASSEE, FLORIDA2017 AUG 10 A 9:25
TALLAHASSEE, FLORIDA

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AUG 11 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crema Family Investment 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:

Amanda Jackson

Contact Person

CT Corporation System

Firm/Company

155 Federal Street, Suite 700

Address

Boston, MA 02110

City, State and Zip Code

bc@acerinvest.com

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

For further information concerning this matter, please call:

Elaina M. Crema

at ()

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

CR2E030 (01/06)

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 CLERK OF CIRCUIT COURT
 TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
CREMA FAMILY INVESTMENT LIMITED PARTNERSHIP,
A FLORIDA LIMITED PARTNERSHIP**

1. Name of Limited Partnership:

CREMA FAMILY INVESTMENT LIMITED PARTNERSHIP

2. Street address of initial designated office:

17270 GERMANO COURT, NAPLES, FLORIDA 34110

3. Name of Registered Agent for Service of Process:

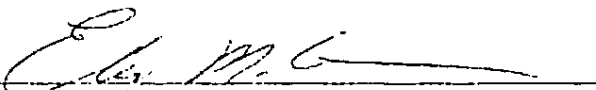
ELAINA M. CREMA

4. Florida street address for Registered Agent:

17270 GERMANO COURT, NAPLES, FLORIDA 34110

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.*

BY:


Signature of Registered Agent, ELAINA M. CREMA

6. Mailing address of initial designated office:

17270 GERMANO COURT, NAPLES, FLORIDA 34110

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

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PALM BEACH COUNTY, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

ROBERT V. CREMA

17270 GERMANO COURT
NAPLES, FLORIDA 34110

ELAINA M. CREMA

17270 GERMANO COURT
NAPLES, FLORIDA 34110

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 8th day of August, 2017.

Signature of each general partner: We submit this document and affirm that the facts stated herein are true. We 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.


ROBERT V. CREMA, General Partner


ELAINA M. CREMA, 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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TALLAHASSEE, FLORIDA