

A1900000555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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11/12/19 10:25 AM

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DEC 09 2019

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DECKER H.I.O. LP  
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:

STUART N. KAPLAN, ESQ  
Contact Person

STUART N. KAPLAN, P.A.  
Firm/Company

3399 PGA BOULEVARD, STE 150  
Address

PALM BEACH GARDENS, FL 33410  
City, State and Zip Code

SKAPLAN@STUARTNKAPLANPA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STUART N. KAPLAN at (561) 296-7900  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees (S965 Filing Fee and S35 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. DECKER H.I.O. 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. 109 COMMODORE DRIVE

(Street address of initial designated office)

JUPITER, FL 33477

3. STUART N. KAPLAN, P.A.

(Name of Registered Agent for Service of Process)

4. 3399 PGA BOULEVARD, STE 150

(Florida street address for Registered Agent)

PALM BEACH GARDENS, FL 33410

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. 109 COMMODORE DRIVE

(Mailing address of initial designated office)

JUPITER, FL 33477

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:

GERALD Decker

109 COMMODORE DRIVE

JUPITER, FL 33477

Dee Decker

109 COMMODORE DRIVE

JUPITER, FL 33477

GARTH Decker

12330 SE DIXIE HWY

HOBE SOUND, FL 33455

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9. Effective date, if other than the date of filing:

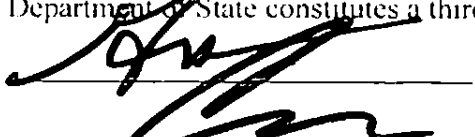
11/5/2019

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 11/5 day of NOVEMBER 2019

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.

  
Dee Decker

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**

**Solomon, Melanie**

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**From:** Stuart Kaplan <skaplan@stuartnkaplanpa.com>  
**Sent:** Monday, December 09, 2019 3:23 PM  
**To:** Solomon, Melanie  
**Subject:** Decker H.I.O. LP

**EMAIL RECEIVED FROM EXTERNAL SOURCE**

Ms. Solomon:

Confirming our telephone conversation this afternoon that my clients fully consent to using of the same name as being utilized under Decker H.I.O. L.L.L.P. with Decker H.I.O. LP.

Thank you again for your assistance.

Stuart

Stuart N. Kaplan, Esq.  
Managing Partner

LAW OFFICES  
**STUART N. KAPLAN, P.A.**  
A PROFESSIONAL ASSOCIATION

3399 PGA Blvd. Ste 150 | Palm Beach Gardens | FL 33410  
561/296-7900 Tele. | 561/296-7919 Fax  
[skaplan@stuartnkaplanpa.com](mailto:skaplan@stuartnkaplanpa.com) | [www.stuartnkaplanpa.com](http://www.stuartnkaplanpa.com)

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CLERK OF DISTRICT COURT  
JANICE L. STAFF

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 6, 2019

STUART N. KAPLAN, ESQ.  
STUART N. KAPLAN, P.A.  
3399 PGA BOULEVARD, STE 150  
PALM BEACH GARDENS, FL 33410

SUBJECT: DECKER H.I.O. LP  
Ref. Number: W19000104786

RECEIVED  
2019 DEC -9 PM 3:27  
TALLAHASSEE, FLORIDA

We have received your document for DECKER H.I.O. LP and check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Need a signed consent form to use name of existing Decker H.I.O. L.L.L.P.  
A06000000749

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon  
Regulatory Specialist II Supervisor

Letter Number: 119A00024800