

1/25/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax number (shown below) on the top and bottom of all pages of the document.

(((H21000028640 3)))



H210000286403ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954)525-7500
Fax Number : (954)761-8475

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

Email Address: mmm@trippscott.com

RECEIVED

2021 JAN 25 PM 2:49

FLORIDA/FOREIGN LP/LLP

SLOAN FAMILY LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

JAN 26 2021

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

H21000028640

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

1. O. K. SLOAN 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. 3826 SW 30TH AVENUE

(Street address of initial designated office)

FORT LAUDERDALE, FL 333123. ROBERT C. MEACHAM, ESQ.

(Name of Registered Agent for Service of Process)

4. c/o Tripp Scott, PA, 110 SE 6th Street, 15th Floor

(Florida street address for Registered Agent)

Fort Lauderdale, FL 33301

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.

Robert C. Meacham

Signature of Registered Agent

6. 3826 SW 30TH AVENUE

(Mailing address of initial designated office)

FORT LAUDERDALE, FL 333127. If limited partnership elects to be a limited liability limited partnership, check box ☐.

2021 JAN 25 AM 9:11

CLERK OF STATE
TALLAHASSEE, FL 32399

FILED

H21000028640

8. Name and business address of each general partner:

Name:Business Address:

Sloan Enterprises, LLC

3826 SW 30th Avenue

Fort Lauderdale, FL 33312

FILED
2021 JAN 25 AM 9:11
CLERK OF STATE
TALLAHASSEE, FL 32301

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.)

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 21st day of January, 2021

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.

Owen K. Sloan

Owen K. Sloan, Manager of GP

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

H21000028640



January 22, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SCOTT TRIPP, P.A.

SUBJECT: SLOAN FAMILY LIMITED PARTNERSHIP
REF: W21000006110

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The conflict is L17000024564.,

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.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H21000028640
Letter Number: 921A00001476