

A21000000605

(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



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10/25/21--01055--005 \*\*1000.00

FILED  
21 OCT 25 PM 2:30  
CLERK OF COURT  
JANUARY 1, 2022

T. LEMIEUX

OCT 28 2021

**CHARLES T. WEISS, P.A.**

Law Offices  
712 U.S. Highway One, Suite 301-2  
North Palm Beach, FL 33408  
E-Mail: ctw@WeissEstatePlanning.com

Telephone: (561) 848-9970

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October 22, 2021

**VIA FEDEX (850-245-6051)**

Florida Department of State  
Division of Corporations  
ATTN: Registration Section  
2415 N. Monroe Street  
The Centre of Tallahassee, Suite 810  
Tallahassee, FL 32303

Re: **Filing of Certificate of Limited Partnership of Shugar Family Partnership, Ltd.**

Dear Sir or Madam:

Please find enclosed the following documents for filing with the Florida Department of State:

1. Certificate of Limited Partnership of Shugar Family Partnership, Ltd., a Florida Limited Partnership; and
2. Certificate Designating Registered Agent and Office.

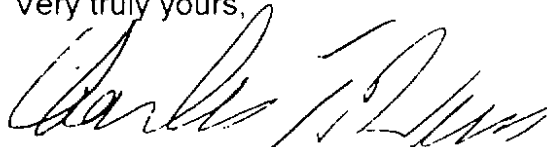
Also enclosed is my Firm's check payable to the Florida Department of State totaling \$1,000 for the following fees:

- Florida Limited Partnership Filing Fee of \$965; and
- Designation of Registered Agent Fee of \$35.

Kindly return your confirmation letter indicating the acceptance of the filing (with the assigned document number, filed date, etc.) to me as soon as possible.

Thank you for your prompt assistance. Should you have any questions with regard to this request, please let me know.

Very truly yours,



Charles T. Weiss

CTW:sc  
Enclosures

Copy to: Mr. and Mrs. Gregory Shugar

**CERTIFICATE OF LIMITED PARTNERSHIP OF  
SHUGAR FAMILY PARTNERSHIP, LTD.,  
A FLORIDA LIMITED PARTNERSHIP**

21 OCT 25 PM 2:30

1. Name. The name of the Partnership is the SHUGAR FAMILY PARTNERSHIP, LTD.
2. Business Address. The principal place of business is 3633 Carlton Place, Boca Raton, FL 33496.
3. Registered Agent. The Partnership has designated Charles T. Weiss as its Registered Agent.
4. Street Address of Registered Agent. The street address of the Registered Agent is 712 U.S. Highway One, Suite 301-2, North Palm Beach, FL 33408.
5. Acceptance by Registered Agent. Having been named to accept service of process for the above stated Limited Partnership, at the initial registered office of the Limited Partnership in this State, I hereby accept to act in this capacity and agree to comply with the provisions of any applicable statute related thereto.  
By: Charles T. Weiss  
Charles T. Weiss, Resident Agent
6. Mailing Address. The mailing address of the Partnership is 3633 Carlton Place, Boca Raton, FL 33496.
7. Termination. The Partnership shall begin on date of filing of this Certificate with the Department of State and shall continue until December 31, 2070 unless sooner dissolved by law or by agreement of the parties hereto or unless extended by a majority agreement of the Partners.
8. The General Partners. The name and address of the General Partner is:

General Partner	Address
Shugar GP, LLC.	3633 Carlton Place, Boca Raton, FL 33496

IN WITNESS WHEREOF, the undersigned, as General Partners, have hereunto set their hands and seals as of this 17 day of October, 2021.

Signed, Sealed and Delivered  
in the presence of:

[Signature]

[Signature]  
Witnesses

Shugar GP, LLC a Florida Limited Liability  
Company

By: [Signature]  
GREGORY LAWRENCE SHUGAR  
Its: Managing Member

By: [Signature]  
AMBROGINA DOMINIQUE SHUGAR  
Its: Managing Member

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN THIS STATE  
NAMING REGISTERED AGENT UPON  
WHOM PROCESS MAY BE SERVED**

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The following is submitted pursuant to Chapter 620, Florida Statutes:

SHUGAR FAMILY PARTNERSHIP, LTD., desiring to organize under the laws of the State of Florida, has named Charles T. Weiss, whose address is 712 U.S. Highway One, Suite 301-2, North Palm Beach, FL 33408, as its initial registered agent to accept service of process within this State.

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the above stated Limited Partnership, at the initial registered office of the Limited Partnership in this State, I hereby accept to act in this capacity and agree to comply with the provisions of any applicable statute related thereto.

Dated as of this 14 day of October, 2021.

By: \_\_\_\_\_

Charles T. Weiss, Resident Agent