

A21000000719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

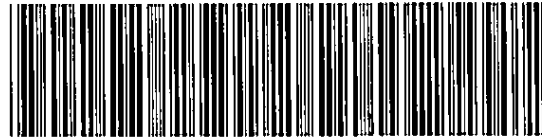
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/15/21--01021--002 **1000.00

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TALLAHASSEE, FLORIDA

2021 DEC 15 PM 2:17

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 DEC 15 AM 9:14

APPROVED
AND
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DEC 16 2021

K. Brumbley

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/15/21

NAME: BELLRINGER 1847, L.P.

TYPE OF FILING: CERTIFICATE OF LIMITED PARTNERSHIP

COST: 1,000.00 - CHECK ATTACHED

RETURN: PLAIN COPY PLEASE

~~ACCOUNT: FCA0000000015~~

~~AUTHORIZATION: ABBIE/PAUL HODGE~~

AF ile Secord

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bellringer 1847, L.P.

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:

Thomas J. Santone

Contact Person

Law Offices of Thomas J. Santone, LLC

Firm/Company

Three Gateway Center, 401 Liberty Avenue.

Address

Pittsburgh Pa. 15222

City, State and Zip Code

tsantone@tjsesquire.com

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

For further information concerning this matter, please call:

Thomas J. Santone

at (412) 227.4377

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fees,
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and
\$35 Registered Agent Status and Certificate of Status
Fee)

STREET ADDRESS:

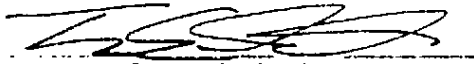
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (6/17)

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

1. Bellinger 1847, L.P.
(Name of Limited Partnership or Limited Liability Limited Partnership which must include sufficient, possible Limited Partnership suffixes: Limited Partnership Limited, L.P., L.P. or Ltd. as well as Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.L.P.)
2. 518 21st Ave S Naples, FL 34102
(Street address of initial designated office)
3. Timothy E. Gluckner
(Name of Registered Agent for Service of Process)
4. _____
(Florida street address for Registered Agent)
518 21st Ave S Naples, FL 34102
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. 518 21st Ave S Naples, FL 34102
(Mailing address of initial designated office)
7. If limited partnership elects to be a limited liability limited partnership, check box ☐.

APPROVED
AND
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

ATM 2021, LLC

518 21st Ave S Naples, FL 34102

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 10th day of December, 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.

ATM 2021, LLC

By: Timothy E. Glockner, Manager

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75