A230000000253

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to f	Filing Officer:	
		!
	Office Use On	



500408544035

05/17/23--01004--016 ••1600.00

2023 HIY 17 PH 1: 36



RECEIVED

123 MAY 17 FU 2 1

EAY 1 7 2023

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: 05/17/23

NAME: OUR-NO FAMILY HOLDINGS, L.P.

TYPE OF FILING: CERT LIMITED PARTNERSHIP

COST: 1,000.00 - CHECK ATTACHED

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015.

AUTHORIZATION: SABBIE/PAUL-HODGE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: OUR-NO Family Holdings, L.P.				
Name of Florida Limited I	Partnership or Limited Liability Limited Partnership			
The enclosed Certificate of Limited Partner	ship and fees are submitted for filing.			
Please return all correspondence concerning	g 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 re	port 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 amour	nt:			
\$1,000.00 Filing Fees \$1,008.75 Filing Fees and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Filing Fees \$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 (6/17)

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

OUR-NO Family Holdings, L.P. 1. (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.I. P. or L.L.P.	
226 5th Avenue North #1404, Saint Petersburg, FL, 33701	
(Street address of initial designated office)	•
	-
James O. Donnally	_
(Name of Registered Agent for Service of Process)	
226 5th Avenue North #1404, Saint Petersburg, FL, 33701	
(Florida street address for Registered Agent)	•
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fawith and accept the obligations of my position as registered agent. Signature of Registered Agent	
226 5th Avenue North #1404, Saint Petersburg, FL. 33701	
(Mailing address of initial designated office)	
7. If limited partnership elects to be a limited liability limited partnership, check box	

Page 1 of 2

8. Name and business address of e Name:	each general partner: Business Address	
Our-No Holdings, LLC	226 5th Avenue Nort	h#1404,
	Saint Petersburg, FL.	33701
	 	
	<u></u>	
9. Effective date, if other than the (Effective date cannot be prior to not the Florida Department of State.) Note: If the date inserted in this bloth is date will not be listed as the do	or more than 90 days after to ock does not meet the applica	able statutory filing requirements
Signed this	day of April	2023
Signature of each general partner: I herein are true. I/We am/are aware Department of State constitutes a the	that any false information su	bmitted in a document to the
	Our-No Holding	s, LLC
·	By: James O. Don	nally. Manager
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee at \$52.50 \$8.75	nd \$35 Registered Agent Fee)

Page 2 of 2