

A24000000401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

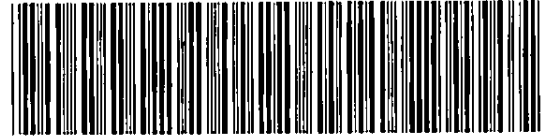
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



600433203446

APPROVED  
AND  
FILED

2024 AUG -6 PM 2:43

RECEIVED

2024 AUG -6 PM 1:32

CLERK OF SUPERIOR COURT  
JULIANA, ILLINOIS

CLERK OF SUPERIOR COURT  
JULIANA, ILLINOIS

AUG 06 2024

K. Brumbley

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 08/06/2024  
Acc#I20160000072

*en: c DW*

Name:	Goto Family Investment Partnership, LP
Document #:	
Order #:	15801369

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<h1>1-2 Filing</h1>	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>	LLC 1st - LP 2nd	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input checked="" type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **1000.00**

**Thank you!**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Goto Family Investment Partnership, 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:

Kelsey L. Berns

Contact Person

Reinhart Boerner Van Deuren s.c.

Firm/Company

1000 North Water Street, Suite 1700

Address

Milwaukee WI, 53202

City, State and Zip Code

kberns@reinhartlaw.com

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

For further information concerning this matter, please call:

Kelsey L. Berns

at (414) 298-8217

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                                                                           |                                                                                 |                                                                       |                                                                                                  |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$1,000.00 Filing Fees<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees.<br>Certified Copy, and<br>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  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP

1. Goto Family Investment Partnership, 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. 8650 South Ocean Drive, Unit 1101, Jensen Beach, FL 34957

(Street address of initial designated office)

3. C T Corporation System

(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road

(Florida street address for Registered Agent)

Plantation, Florida 33324

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.

By.

Stephane Henay

Signature of Registered Agent

6. 8650 South Ocean Drive, Unit 1101, Jensen Beach, FL 34957

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

APPROVED  
AND  
FILED

2024 AUG -6 PM 2:43

8. Name and business address of each general partner:

Name:

Business Address:

Goto Family Management, LLC

2785 North Mill Road, Oconomowoc, WI 53066

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 25th day of July, 2024

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.

GOTO FAMILY MANAGEMENT, LLC

Its General Partner

BY

Michael Goto, 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**

Page 2 of 2