

B03000000266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

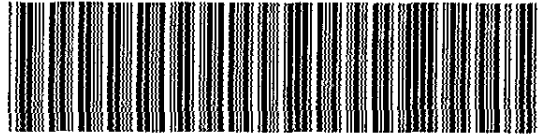
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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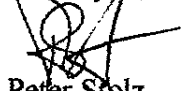
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FILED
03 JUL 24 AM 8:23
TALLAHASSEE, FLORIDA

Enclosed is my application and affidavit for a foreign limited partnership the name of which is P.Stolz Family Partnership L.P. I would also like a certificate under seal. I have enclosed \$96.25, representing the fee of \$52.50 plus \$35 to designate a registered agent plus \$8.75 for a certificate under seal. Please send all correspondence to P.Stolz Family Partnership L.P at 2200 South Ocean Lane, #2306, Ft. Lauderdale, FL 33316.

Thank you,



Peter Stolz

954-761-8879 phone

954-761-7714 fax

954-801-9110 cell phone

peter7618879@aol.com

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03 JUL 24 AM 8:23
SECRETARY OF COMMERCE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. P. Stolz Family Partnership L.P.
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Colorado 4. May 19, 1998
(State of Formation) (Date of Formation)

5. Peter Stolz
(Name of Registered Agent for Service of Process)

6. 2200 South Ocean Lane, #2306
(Street Address of Registered Office)

Ft. Lauderdale Florida 33316
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:


(Agent must sign on this line)

8. 2200 South Ocean Lane, #2306, Ft. Lauderdale, FL 3316

(Address of registered office required in state of formation or, if not required, address of principal office)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

Peter Stolz 2200 South Ocean Lane, #2306, Ft. Lauderdale, FL 3316

10. 2200 South Ocean Lane, #2306, Ft. Lauderdale, FL 3316

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. 2200 South Ocean Lane, #2306, Ft. Lauderdale, FL 3316

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 21st day of July, 2003

[Signature]
General Partner

STATE OF Florida

COUNTY OF Broward

On this 21st day of July, 2003

Peter Stolz, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

03 JUL 24 AM 8:23
SECRETARY OF
TALLAHASSEE, FLORIDA

FILED

[Signature]
(Notary Public Signature)

(Notary's Printed Name)



Carolyn A. James
MY COMMISSION # DD122458 EXPIRES
June 5, 2006
BONDED THRU TROY FARM INSURANCE, INC

Seal

My Commission Expires: _____

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Peter Stolz
a general partner of P. Stolz Family Partnerhsip LP, a (an) Colorado
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 200.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 200.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 21 day of July, 2003.



General Partner

STATE OF FLORIDA
COUNTY OF BROWARD

On this 21st day of July, 2003

Peter Stolz, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



(Notary Public Signature)

(Notary's Printed Name)



Carolyn A. James
MY COMMISSION # DD122458 EXPIRES
June 5, 2006
BONDED THRU TROY FAIR INSURANCE, INC.

Seal

My Commission Expires: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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