

SEP. 19 2006

B060000000342

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

FLORIDA/FOREIGN LP/LLP

SML LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	086
Estimated Charge	\$1,000.00

Amanda Haddon Ext 2955

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DIVISION OF CORPORATIONS

458866



September 19, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: SML LIMITED PARTNERSHIP
REF: W06000041046

RESUBMIT

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of your limited partnership or limited liability limited partnership is not available. A foreign limited partnership or limited liability limited partnership whose name is not available must adopt an alternate name for use in the state of Florida. Please insert the alternate name in the space provided. Simply adding "of Florida" or "Florida" to the end of an entity name does not constitute a difference.

NOTE: The alternate name must contain an acceptable suffix. Acceptable limited partnership suffixes include: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, LLLP, or L.L.L.P.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers
Document Specialist

FAX Aud. #: H06000230052
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P.O. BOX 6327 - Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
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**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. SML Limited Partnership

(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.

SML Limited Partnership of Illinois

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Illinois

(State or Country of Formation)

3. March 10, 1997

(Date of Formation)

4. James F. Morey

(Name of Registered Agent for Service of Process)

5. 2210 Vanderbilt Beach Road, Suite 1201

(Florida street address for Registered Agent)

Naples, Florida 34119

6. 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

7. 1224 Industrial Boulevard, Naples, Florida 34105

(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box ☐

9. Same

(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

Malcolm Logan

(Name)

1224 Industrial Boulevard

Naples, FL 34105

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

_____ (Name)	_____ (Street Address)
_____ (Name)	_____ (Mailing Address)
_____ (Name)	_____ (Street Address)
_____ (Name)	_____ (Mailing Address)

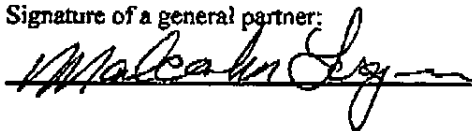
11. Effective date, if other than the date of filing: Date of Filing

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 14th day of September, 2006

Signature of a general partner:



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

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File Number

S012380



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SML LIMITED PARTNERSHIP,
HAVING COMPLIED WITH THE PROVISIONS OF THE REVISED UNIFORM/
UNIFORM LIMITED PARTNERSHIP ACT OF THE ILLINOIS STATE STATUTES
ON 03/10/1997 IS AUTHORIZED AND EXISTS AS AN ILLINOIS LIMITED
PARTNERSHIP.



*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this* 29TH
day of AUGUST A.D. 2006 .

Jesse White

SECRETARY OF STATE

Printed by authority of the State of Illinois. April 2006 - 20M - O-250.2

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