

BO7000000020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

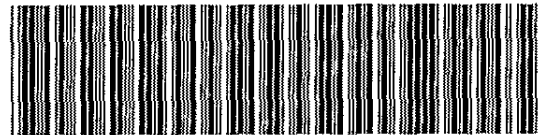
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/03/07--01010--007 **1061.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Brien JAN 18 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2007

JEFFREY S. WACHS, ESQ.
C/O DOUMAR, ALLSWORTH ET AL
1177 S.E. 3RD AVENUE
FORT LAUDERDALE, FL 33316

SUBJECT: THE SILLS FAMILY LIMITED PARTNERSHIP
Ref. Number: W07000000499

We have received your document for THE SILLS FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1061.25. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 807A00000636

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE SILLS FAMILY LIMITED PARTNERSHIP
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

Jeffrey S. Wachs, Esq.
(Contact Person)

c/o Doumar, Allsworth et al
(Firm/Company)

1177 S.E. 3rd Avenue
(Address)

Fort Lauderdale, FL 33316
(City, State and Zip Code)

For further information concerning this matter, please call:

Jeffrey S. Wachs, Esq. at (954) 762-3400
(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 (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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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

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

1. THE SILLS FAMILY 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.*

(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. NEVADA

(State or Country of Formation)

3. November 28, 1995

(Date of Formation)

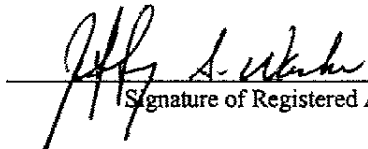
4. Jeffrey S. Wachs, Esq., c/o Doumar, Allsworth et al

(Name of Registered Agent for Service of Process)

5. 1177 S.E. 3rd Avenue, Fort Lauderdale, FL 33316

(Florida street address for Registered Agent)

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. 4440 N.E. 23rd Avenue, Lighthouse Point, FL 33064

(Principal office address)

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

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TALLAHASSEE, FLORIDA

9. 4440 N.E. 23rd Avenue, Lighthouse Point, FL 33064
(Mailing address)

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

<u>Beverly B. Sills</u>	<u>4440 N.E. 23rd Avenue</u>
(Name)	(Street Address)
	<u>Lighthouse Point, FL 33064</u>
	<u>4440 N.E. 23rd Avenue</u>
	(Mailing Address)
	<u>Lighthouse Point, FL 33064</u>
<u></u>	<u></u>
(Name)	(Street Address)
	<u></u>
	(Mailing Address)
<u></u>	<u></u>
(Name)	(Street Address)
	<u></u>
	(Mailing Address)

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

11. Effective date, if other than the 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 12th day of December, 20 06

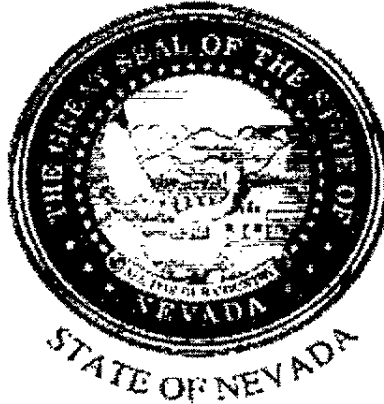
Signature of a general partner:

Beverly B. Sills, J.P.

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

SECRETARY OF STATE

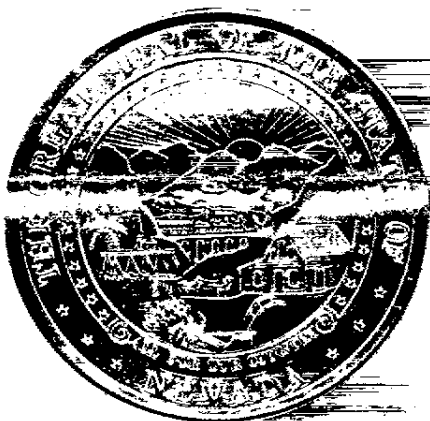


CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **THE SILLS FAMILY LIMITED PARTNERSHIP**, as a limited partnership duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 28, 1995, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 12, 2006.



DEAN HELLER
Secretary of State

By


Certification Clerk