

B07000000374

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(Business Entity Name)

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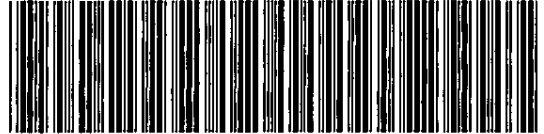
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B07-374
GA 12/27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Weber Family Limited Partnership
(Name of Foreign Limited Partnership)

Dear Sir or Madam:

The enclosed application, affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angelo Pardo

(Name of Person)

Bosso, Bosso & Pardo, P.A. Attorneys at Law

(Firm/Company)

2428 Broadway

(Address)

Riviera Beach, Florida 33404

(City/State and Zip Code)

For further information concerning this matter, please call:

Angelo Pardo

(Name of Person)

at (561)

844-0209

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2007

ANGELO PARDO
2428 BROADWAY
RIVERA BEACH, FL 33404

SUBJECT: WEBER FAMILY LIMITED PARTNERSHIP
Ref. Number: W07000061662

We have received your document for WEBER FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 007A00071225

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TALLAHASSEE, FLORIDA

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

1. Weber Family Limited Partnership
(Name of limited partnership as it is in the home state)
2. N/A
(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. Ontario (Canada) 4. December 11, 2007
(State of Formation) (Date of Formation)
5. Bosso, Bosso & Pardo, P.A.
(Name of Registered Agent for Service of Process)
6. 2428 Broadway
(Street Address of Registered Office)
- Riviera Beach Florida 33404
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:

(Agent must sign on this line)
8. 4 Pioneer Ridge Drive, Kitchener, Ontario, Canada N2P 2L5
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
Michael Weber 4 Pioneer Ridge Drive
Kitchener, Ontario Canada N2P 2L5
10. 4 Pioneer Ridge Drive, Kitchener, Ontario Canada N2P 2L5
(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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TALLAHASSEE, FLORIDA

12. 4 Pioneer Ridge Drive, Kitchener, Ontario Canada N2P 2L5

(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 13th day of December, 2007


Michael Weber - General Partner

Province of Ontario (Canada)
~~XXXXXX~~

Regional Municipality of Waterloo
~~XXXXXXXX~~

On this 13th day of December, 2007

Michael Weber, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

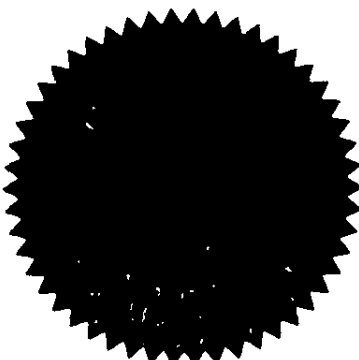

(Notary Public Signature)

William Stanley Dahms
(Notary's Printed Name)

My Commission ~~Expires~~ XXXXX is for life.

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TALLAHASSEE, FLORIDA

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Ministry of Government Services / Ministère des Services gouvernementaux

Declaration Form 3
under the Limited Partnerships Act
Déclaration Formule 3
aux termes de la Loi sur les sociétés en commandite

Print clearly in CAPITAL LETTERS / Écrivez clairement en LETTRES MAJUSCULES

Page **1** of **1**

1. Declaration Type / Type de déclaration

☒ A. New / Nouvelle
☐ B. Name Change / Modification de la raison sociale
☐ C. Change (other than name change) / Changement (autre que modification de la raison sociale)
☐ D. Renewal Without Name Change / Renouvellement sans modification de la raison sociale
☐ E. Renewal With Name Change / Renouvellement avec modification de la raison sociale
☐ F. Dissolution / Dissolution
☐ G. Withdrawal / Retrait

Enter the Business Identification Number (BIN) for all Declaration Types except Type A.
 Entrez le n° d'identification de l'entreprise (NIE) pour tous les types de déclaration, sauf pour le type A.

BIN (Business Identification No.) / NIE N° d'identification de l'entreprise

2. Firm Name / Raison sociale de la société en commandite

WEBER FAMILY LIMITED PARTNERSHIP

3. Mailing Address / Adresse postale

Street No. / N° de rue: **4** Street Name / Nom de la rue: **PIONEER RIDGE DRIVE** Suite No. / Bureau n°:

City / Town / Ville: **KITCHENER** Province / Province: **ONTARIO** Country / Pays: **CANADA** Postal Code / Code postal: **N2P 2L5**

4. Address of Principal Place of Business in Ontario / Adresse de l'établissement principal en Ontario

☒ Same as above / Comme ci-dessus
☐ Extra-Provincial Limited Partnership without business address in Ontario / Société en commandite extraprovinciale sans établissement en Ontario

Street No. / N° de rue: Street Name / Nom de la rue: Suite No. / Bureau n°: (P.O. Box not acceptable / Case postale non acceptée)

City / Town / Ville: Province / Province: Country / Pays: Postal Code / Code postal:

ONTARIO CANADA N2P 2L5

5. General Nature of Business / Nature générale de l'activité exercée

INVESTMENTS

6. Information Regarding General Partner(s) / Renseignements sur le ou les commandités

(A) Individual / Personne physique - Last Name / Nom de famille: **WEBER** First Name / Prénom: **MICHAEL** Middle Name / Autre prénom:

(B) Corporation, Partnership etc. / Personne morale, société en nom collectif etc. - Name / Raison sociale: Ontario Corporation Number / N° matricule de la personne morale en Ontario:

Address / Adresse

Street No. / N° de rue: **4** Street Name / Nom de la rue: **PIONEER RIDGE DRIVE** Suite No. / Bureau n°:

City / Town / Ville: **KITCHENER** Province / Province: **ONTARIO** Country / Pays: **CANADA** Postal Code / Code postal: **N2P 2L5**

Signature of General Partner or Attorney for the General Partner / Signature du commandité ou du procureur

☒ Check if signing as attorney on behalf of the general partner pursuant to s. 32 of the Limited Partnerships Act / Cochez la case ci-contre si le signataire est le procureur du commandité (art. 32 de la Loi)

Print Name of Signatory / Nom du signataire en lettres imprimées: **MICHAEL WEBER**

For a new Declaration, name change or renewal, Item 6 must be completed and signed by all the general partners or their attorneys. If there is more than one general partner, set out the total number of partners in the box and attach additional schedule(s) / Pour une nouvelle Déclaration, une modification de la raison sociale ou un renouvellement, il faut remplir la section 6 pour chaque commandité, et chaque commandité ou son procureur doit signer la section 6. S'il y a plus d'un commandité, entrez le nombre total de commandités dans la case ci-contre et remplacez et joignez une ou des annexes.

Number of General Partners / Nombre de commandités: **1**

7. Jurisdiction of Formation / Territoire d'origine

ONTARIO

Extra-Provincial Limited Partnership Carrying on Business in Ontario / Société en commandite extraprovinciale exerçant des activités en Ontario

8. Information Regarding Attorney/Representative for an Extra-Provincial Limited Partnership / Renseignements sur le procureur / représentant de la société en commandite extraprovinciale - (Do not apply to limited partnerships formed in another Canadian jurisdiction that have an office or other place of business in Ontario) / (Ne s'applique pas aux sociétés en commandite d'un autre territoire canadien qui ont un établissement en Ontario)

Power of Attorney - Check the box to confirm there is an executed Power of Attorney (Form 4) appointing the person/corporation listed below to be the attorney and representative in Ontario. The attorney/representative is required to keep the executed Form 4 available for inspection at the address set out below. / Procuration - Cochez la case ci-contre pour confirmer qu'il y a une Procuration signée (Formule 4) nommant la personne physique ou morale indiquée ci-dessous à titre de procureur et représentant en Ontario. Celui-ci doit tenir la Formule 4 signée à disposition aux fins d'inspection à l'adresse ci-dessous.

Attorney / Representative - Procureur / représentant

(A) Individual / Personne physique - Last Name / Nom de famille: First Name / Prénom: Middle Name / Autre prénom:

(B) Corporation, Partnership etc. / Personne morale, société en nom collectif etc. - Name / Raison sociale: Ontario Corporation Number / N° matricule de la personne morale:

Address / Adresse

Street No. / N° de rue: Street Name / Nom de la rue: Suite No. / Bureau n°:

City / Town / Ville: Province / Province: Country / Pays: Postal Code / Code postal:

ONTARIO CANADA

BIN/EIN: 171310204
NAME / NOM: WEBER FAMI
REG'N / ENREG: 2007-12-12
EXPIRY / EXPIR: 2012-12-11