

B11 0000000093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

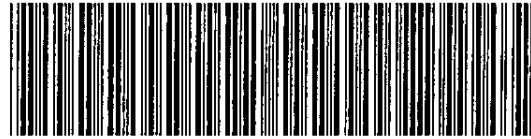
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/26/11--01029--020 **1000.00

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11 MAY -4 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W11-23258

J. BRYAN

MAY -5 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRUNER 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:

LYNN REEVES

Contact Person

COHEN, NORRIS, ET.AL.

Firm/Company

712 U.S. HIGHWAY ONE #400

Address

NORTH PALM BEACH, FL 33408

City, State and Zip Code

lr@fcohenlaw.com

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

For further information concerning this matter, please call:

LYNN REEVES

at (561) 615-1030

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" 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 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

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11 MAY -4 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
11 MAY -4 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 GRUNER 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, I P, 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 20, 2000

Date of Formation

4 Name of Registered Agent for Service of Process and Florida Street Address:

PETER R. RAY/COHEN, NORRIS

712 U.S. HIGHWAY ONE #400

NORTH PALM BEACH, FL 33408

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


Signature of Registered Agent

7 Principle Office: (Florida Street Address)

1415 SE LEGACY COVE CIRCLE

STUART, FLORIDA 34997

8 Mailing Address:

1415 SE LEGACY COVE CIRCLE

STUART, FLORIDA 34997

9 If limited partnership is a limited liability limited partnership, check box ☐

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

Name of General Partner: GRUNER MANAGEMENT, LLC

Name of General Partner: #M11000002238

Street Address: 1415 SE LEGACY COVE CIRCLE

Street Address: _____

STUART, FL 34997

Mailing Address: SAME

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

Name of General Partner: Gunnery Management, LLC Name of General Partner: _____
Street Address: 1415 S.E. Legacy Cove Circle Street Address: _____
Stuart, FL 34997
Mailing Address: 1415 S.E. Legacy Cove Circle Mailing Address: _____
Stuart, FL 34997

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 22nd day of April, 20 11

Mildred M. Munn
Signature of a general partner

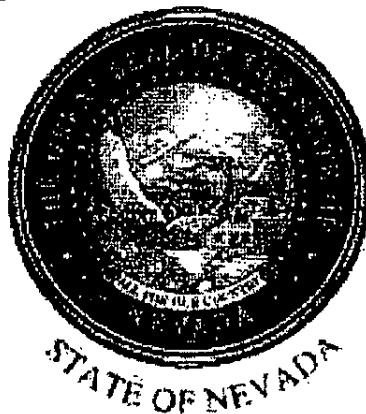
The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F.S

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

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11 MAY -4 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE


FILED
11 MAY - 4 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDACERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING

I, ROSS MILLER, 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, **GRUNER 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 20, 2000, 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 February 8, 2011.


ROSS MILLER
Secretary of State

Certified By: Joann Larson
Certificate Number: C20110204-1317
You may verify this certificate
online at <http://www.nvsos.gov/>