

B11000000/32

(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:

**A. LUNT**

JUL - 6 2011

**EXAMINER**

Office Use Only



300209414043

07/01/11--01010--013 \*\*1000.00

FILED  
2011 JUL -5 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Law Offices  
**HOWARD A. BALIKOV, LTD.**

Two Northfield Plaza, Suite 360  
Northfield, Illinois 60093

Phone: (847) 501-5600  
Facsimile: (847) 501-5601

June 27, 2011

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

Re: Liberati Family Limited Partnership ("Limited Partnership")

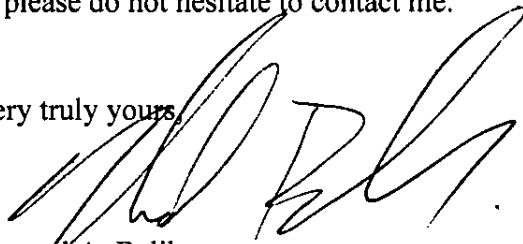
Dear Sir or Madam:

With respect to the application by the Limited Partnership, as a foreign limited partnership, to transact business in Florida, enclosed please find the following:

1. Cover letter;
2. Check payable to the Florida Department of State in the amount of \$1,000.00;
3. Application by Foreign Limited Partnership; and
4. Certificate of Existence issued by the Illinois Secretary of State.

Thank you for your consideration. Your immediate attention to this matter would be greatly appreciated. If you should have any questions, please do not hesitate to contact me.

Very truly yours,



Howard A. Balikov

enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIBERATI 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:

Morris Liberati

Contact Person

Firm/Company

15298 Pembroke Pointe

Address

Naples, Florida 34110

City, State and Zip Code

morrisliberati@comcast.net

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

For further information concerning this matter, please call:

Howard A. Balikov

Name of Contact Person

at ( 847 )

501-5600

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
|--|---|---|---|

**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

2011 JUL -5 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

1. LIBERATI 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. Illinois

State or Country of Formation

3. February 7, 2002

Date of Formation

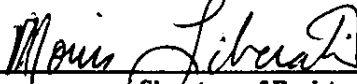
4. Name of Registered Agent for Service of Process and Florida Street Address:

Morris Liberati

15298 Pembroke Pointe

Naples, Florida 34110

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)

15298 Pembroke Pointe

Naples, Florida 34110

8. Mailing Address:

15298 Pembroke Pointe

Naples, Florida 34110

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: Morris Liberati

Street Address: 15298 Pembroke Pointe

Naples, Florida 34110

Mailing Address: \_\_\_\_\_

Name of General Partner: Joan Liberati

Street Address: 15298 Pembroke Pointe

Naples, Florida 34110

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUL -5 PM 4:55

FILED

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing 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 26 day of June, 20 11

  
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.

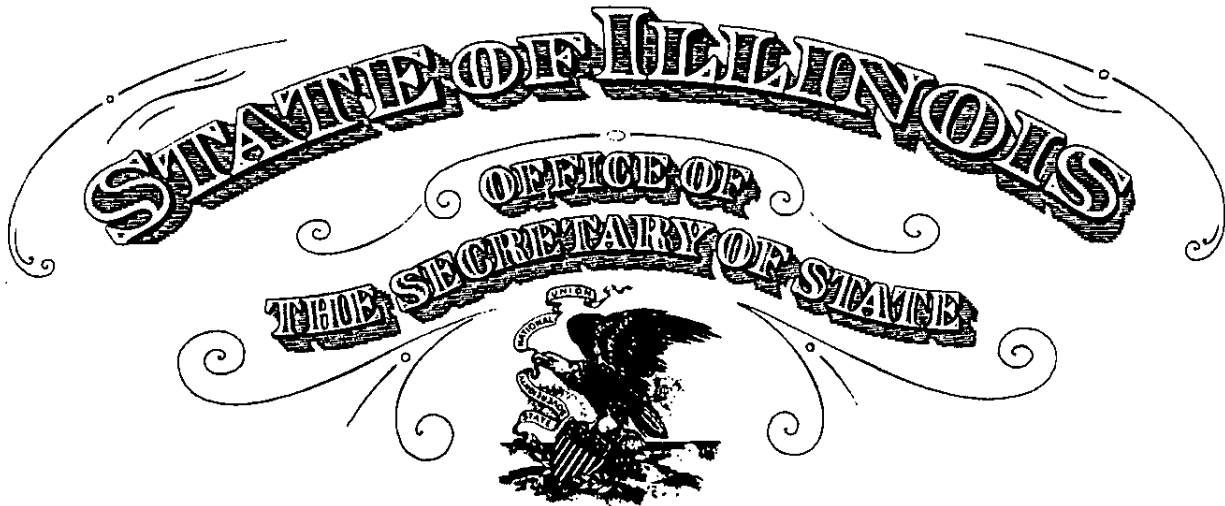
Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

2011 JUL -5 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

File Number

C011076



*To all to whom these Presents Shall Come, Greeting:*

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

LIBERATI FAMILY LIMITED PARTNERSHIP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON FEBRUARY 07, 2002, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.



*In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 27TH  
day of JUNE A.D. 2011 .*

*Jesse White*

Authentication #: 1117802402

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE