

# BI300000029

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

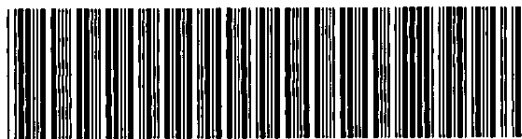
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600242686606

RECEIVED  
DEPARTMENT OF STATE  
13 JAN 29 AM 10:52  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2013 JAN 29 AM 10:13

C. LEWIS  
JAN 30 2013  
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 491130 7424873

AUTHORIZATION :

COST LIMIT : \$ 1000

*Lyndee Cleman*

ORDER DATE : January 10, 2013

ORDER TIME : 5:25 PM

ORDER NO. : 491130-005

CUSTOMER NO: 7424873

FOREIGN FILINGS

NAME: THE FIT FAMILY LIMITED  
PARTNERSHIP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER: \_\_\_\_\_

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2013 JAN 29 AM 10:13

1. \_\_\_\_\_  
(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. DELAWARE 3. 03/20/2003  
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: \_\_\_\_\_

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

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

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. Corporation Service Company

By: \_\_\_\_\_

Signature of Registered Agent

Harry B. Davis  
Asst. Vice President

7. Principal Office:

7437 Gathering Ct.  
Reunion, FL 34747

8. Mailing Address:

7437 Gathering Ct.  
Reunion, FL 34747

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: <u>Felipe I. Tolentino</u>	Name of General Partner: <u>Michael J. Tolentino</u>
Street Address: <u>7437 Gathering Ct.</u> <u>Reunion, FL 34747</u>	Street Address: <u>1450 Hollingsworth Oak Drive</u> <u>Lakeland, FL 33803</u>
Mailing Address: <u>7437 Gathering Ct.</u> <u>Reunion, FL 34747</u>	Mailing Address: <u>1450 Hollingsworth Oak Drive</u> <u>Lakeland, FL 33803</u>
Name of General Partner: <u>Flora L. Tolentino</u>	Name of General Partner: <u>Agnes S. Tolentino</u>
Street Address: <u>7437 Gathering Ct.</u> <u>Reunion, FL 34747</u>	Street Address: <u>1450 Hollingsworth Oak Drive</u> <u>Lakeland, FL 33803</u>
Mailing Address: <u>7437 Gathering Ct.</u> <u>Reunion, FL 34747</u>	Mailing Address: <u>1450 Hollingsworth Oak Drive</u> <u>Lakeland, FL 33803</u>

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2013 JAN 29 AM 10:13

Page 1 of 2

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

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

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

1. 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.)

2. 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 29<sup>th</sup> day of December, 2012

Felipe S. Teller  
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

64/8

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE FIT FAMILY LIMITED PARTNERSHIP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE FIT FAMILY LIMITED PARTNERSHIP" WAS FORMED ON THE TWENTIETH DAY OF MARCH, A.D. 2003.

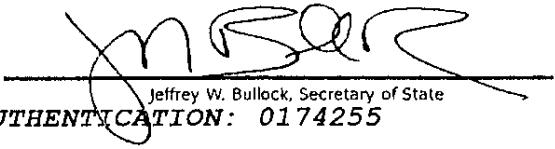
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



3638708 8300

130099108

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0174255

DATE: 01-28-13