

B13 000000224

(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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07/30/13--01002--004 **921.25

06/24/13--01026--016 **78.75

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2013 JUL 30 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 31 2013

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 25, 2013

DAVID P SUTHERLAND
23100 JEFFERSON AVE
ST CLAIR SHORES, MI 48080

SUBJECT: DTS PIZA NAPOLI, LIMITED PARTNERSHIP
Ref. Number: W13000036692

We have received your document for DTS PIZA NAPOLI, LIMITED PARTNERSHIP and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$921.25.

The form you submitted is for a Foreign Profit Corporation, but your entity is a Foreign Limited Partnership. Please complete and return the enclosed blank form(s).

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) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 713A0001594

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DTS PIZZA NAPOLI, LIMITED PARTNERSHIP

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DAVID P. SUTHERLAND

Name of Person

Firm/Company

23100 JEFFERSON AVE.

Address

ST. CLAIR SHORES, MI 48080

City/State and Zip code

DSUTHERLANDLAW@YAHOO.COM

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

For further information concerning this matter, please call:

DAVID P. SUTHERLAND at (586) 552-8777

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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TALLAHASSEE, FLORIDA

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

1. OTS PIZZA NAPOLI, 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. MICHIGAN

State or Country of Formation

3. MAY 3, 2013

Date of Formation

4. Federal Employer Identification Number: 38-0411061

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

DAVID P. SUTHERLAND

500 BEACH ROAD #307

VERO BEACH, FL 33963

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.

DAVID P. SUTHERLAND
Signature of Registered Agent

7. Principal Office:

23100 JEFFERSON AVE.

ST. CLAIR SHORES MI 48080

8. Mailing Address:

23100 JEFFERSON AVE.

ST. CLAIR SHORES MI 48080

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: PIZZA NAPOLI, INC PI3-44538

Street Address: 23100 JEFFERSON AVE. Street Address: _____

ST. CLAIR SHORES MI 48080

Mailing Address: _____ Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

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Name of General Partner: _____ Name of General Partner: _____

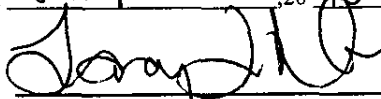
Street Address: _____ Street Address: _____

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 15th day of JULY, 2013.

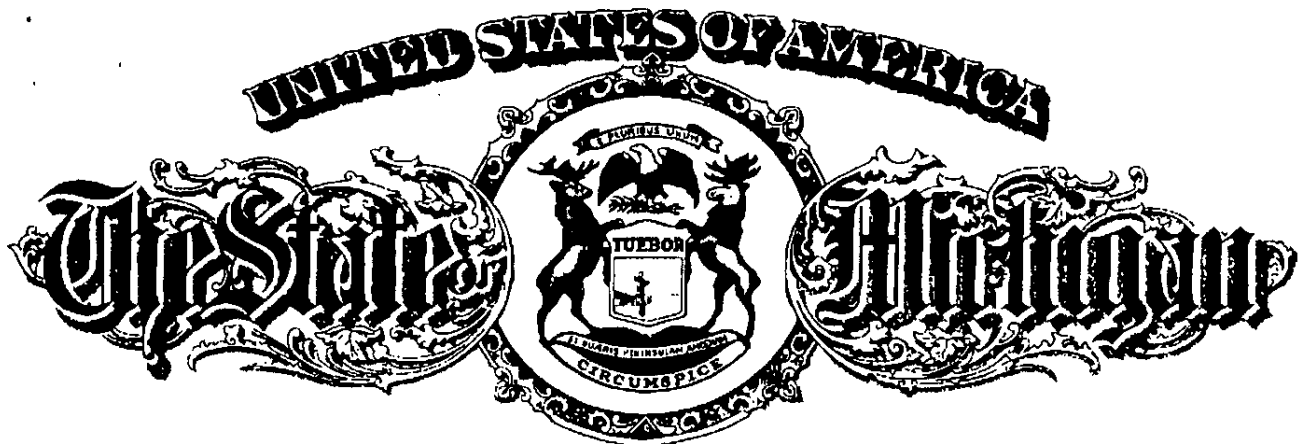


Signature of a general partner

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

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TALLAHASSEE, FLORIDA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

DTS PIZZA NAPOLI LIMITED PARTNERSHIP

a Michigan limited partnership was formed on May 3, 2013.

I FURTHER CERTIFY that the Certificate of Limited Partnership has not been canceled and is in full force and effect as of this date.

This certificate is in due form, and made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 11th day of June, 2013.

Director

Bureau of Commercial Services