

12/30/2013 13:33:50 From: To: 8506176383

Division of Corporations

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Page 1 of

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6383

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please retain original filing
date of submission 12/27

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
13 DEC 30 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LP/LLLP
WRENN BENDER MCKOWN & RING LLLP**

Certificate of Status	0
Certified Copy	0
Page Count	087
Estimated Charge	\$1,000.00

2013 DEC 27 AM 9:45
DEC 31 2013
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Electronic Filing Menu

Corporate Filing Menu

Help



December 30, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: WRENN BENDER MCKNOWN & RING LLLP
REF: W13000070207

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

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) 245-6051.

Tammi Cline
Regulatory Specialist II

FAX Aud. #: H13000283421
Letter Number: 113A00029219

RE-SUBMIT

Please retain original filing
date of submission 12/27

RECEIVED
13 DEC 30 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WRENN BENDER MCKOWN & RING LLLP
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:

Jeffrey S. Bailey
Contact Person
Wrenn Bender McKown & Ring LLLP
Firm/Company
One Alhambra Plaza, Suite 605
Address
Coral Gables, FL 33134
City, State and Zip Code
jbailey@jbaileylaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey S. Bailey at (305) 987-4920
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input checked="" 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

RECEIVED
2013 DEC 27 AM 9:45
TALLAHASSEE, FL 32301

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

1. WRENN BENDER MCKOWN & RING LLLP

(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. WASHINGTON

State or Country of Formation

3. 03/30/2012

Date of Formation

4. Federal Employer Identification Number: 45-5024290

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

Jeffrey S. Bailey

One Alhambra Plaza, Suite 605

Coral Gables, Florida 33134

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.

By: 

Signature of Registered Agent

7. Principal Office:

One Alhambra Plaza, Suite 605

Coral Gables, FL 33134

8. Mailing Address:

PO Box 140848

Coral Gables, FL 33114

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: Jeffrey S. Bailey

Name of General Partner: Carlos B. Castillo

Street Address: One Alhambra Plaza, Suite 605

Street Address: One Alhambra Plaza, Suite 605

Coral Gables, FL 33134

Coral Gables, FL 33134

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

Page 1 of 2

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: 1/1/2014

(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 24th day of December, 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

Page 2 of 2

2013 DEC 27 PM 3:46
SECRETARY OF STATE
RECEIVED

Page 1 of 2

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: 1/1/2014

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Page 2 of 2

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UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION
OF**

WRENN BENDER MCKOWN & RING LLLP

I FURTHER CERTIFY that the records on file in this office show that the above named
Limited Liability Limited Partnership was formed under the laws of the State of WA and was
issued a Certificate of Limited Partnership in Washington on 3/30/2012.

I FURTHER CERTIFY that as of the date of this certificate, WRENN BENDER MCKOWN &
RING LLLP remains active and has complied with the filing requirements of this office.

Date: December 12, 2013

UBI: 603-196-894



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State