

B14 000000291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

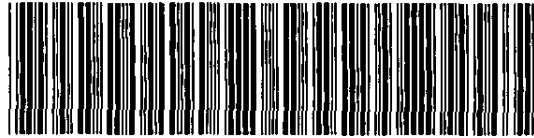
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100265730701

12/17/14--01008--016 **1061.25

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
28M DEC 17 PM 12:46
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
14 DEC 17 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Britton DEC 18, 2014

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/17/14

NAME: ADIB LIMITED PARTHERSHIP

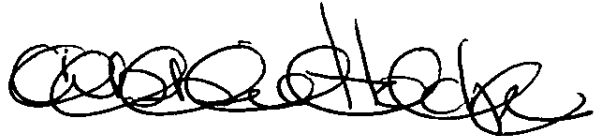
TYPE OF FILING: APPLICATION

COST: 1,061.25 - CHECK IS ATTACHED

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Adlb 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:

Clifford Esher

Contact Person

Seyfarth Shaw LLP

Firm/Company

Two Seaport Lane, Suite 300

Address

Boston, MA 02116

City, State and Zip Code

cesher@seyfarth.com

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

For further information concerning this matter, please call:

Clifford Esher

at (617) 946-4811

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 type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and 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

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

1. Adlb 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. New York

State or Country of Formation

3. June 2, 1981

Date of Formation

4. Federal Employer Identification Number: 13-3078686

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

Thomas R. DiBenedetto

15140 Fiddlesticks Blvd.

Ft. Myers, FL 33912

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:

Thomas R. DiBenedetto

Signature of Registered Agent

7. Principal Office:

15140 Fiddlesticks Blvd.

Ft. Myers, FL 33912

8. Mailing Address:

15140 Fiddlesticks Blvd.

Ft. Myers, FL 33912

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: Thomas R. DiBenedetto

Name of General Partner: _____

Street Address: 15140 Fiddlesticks Blvd.

Street Address: _____

Ft. Myers, FL 33912

Mailing Address: 15140 Fiddlesticks Blvd.

Mailing Address: _____

Ft. Myers, FL 33912

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

FILED
14 DEC 17 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 12th day of December, 2014


 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

FILED
 14 DEC 17 PM 4:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**State of New York
Department of State } ss:**

I hereby certify, that ADIB LIMITED PARTNERSHIP a NEW YORK Limited Partnership, filed a Certificate of Adoption of the Revised Limited Partnership Act, pursuant to the Partnership Law, on 12/12/2014, and that the Limited Partnership is existing so far as shown by the records of the Department.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 12th day of December
two thousand and fourteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

201412150591 * 30

FILED
14 DEC 17 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA