

B1500000034

(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:

W15-6458

Office Use Only



500268120295

01/15/15--01006--025 **1008.75

FILED
15 FEB 11 PM 1:30
RECEIVED
FEB 11 2015

M. MILLIGAN
EXAMINER

FEB 11 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2015

PETER J KOHLMANN
1888 CORAL CIRCLE
NORT FORT MYERS, FL 33903

SUBJECT: NU-CO LIMITED PARTNERSHIP
Ref. Number: W15000006458

We have received your document for NU-CO LIMITED PARTNERSHIP and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 415A00001810

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **NU-CO LIMITED PARTNERSHIP OF FLORIDA**
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:

PETER J. KOHLMANN

Contact Person

Firm/Company

1888 CORAL CIRCLE

Address

NORTH FORT MYERS, FL 33903

City, State and Zip Code

pete.kohlmann@comcast.net

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

For further information concerning this matter, please call:

PETER J. KOHLMANN at (**239**) **462-1188**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee)

☐ \$1,008.75 Filing Fees
and Certificate of
Status

☐ \$1,052.50 Filing Fees
and Certified Copy

☐ \$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

FILED
15 FEB 11 PM 1:30
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

1. NU-CO 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.

NU-CO LIMITED PARTNERSHIP OF FLORIDA

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. WISCONSIN

State or Country of Formation

3. 12/15/03

Date of Formation

4. Federal Employer Identification Number: 39-1924566

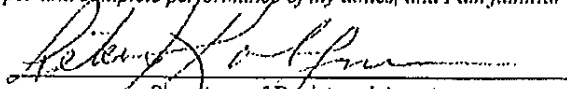
5. Name of Registered Agent for Service of Process and Florida Street Address:

PETER J. KOHLMANN

1888 CORAL CIRCLE

NORTH FORT MYERS, FL 33903

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.


Signature of Registered Agent

7. Principal Office:

1888 CORAL CIRCLE

NORTH FORT MYERS, FL 33903

8. Mailing Address:

SAME

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: PETER J. KOHLMANN

Name of General Partner: _____

Street Address: 1888 CORAL CIRCLE

Street Address: _____

NORTH FORT MYERS, FL 33903

Mailing Address: SAME AS ABOVE

Mailing Address: _____

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

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

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

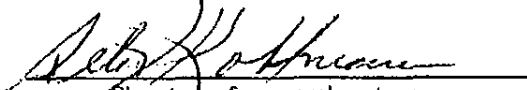
Street Address: _____ Street Address: _____

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 10th day of February, 2015



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
15 FEB 11 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



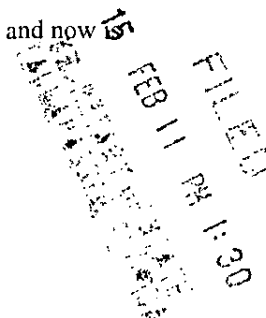
To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

NU-CO LIMITED PARTNERSHIP

is a domestic Limited Partnership organized under the provisions of sec. 179.11(2) of the Wisconsin Statutes and that its date of organization is December 15, 2003.

I further certify that it appears from the records of this department that said organization continued and now is duly and legally formed, organized and existing by and under the laws of this state.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 7, 2015.

George Petak

GEORGE PETAK, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **147317-0BB3E50C**