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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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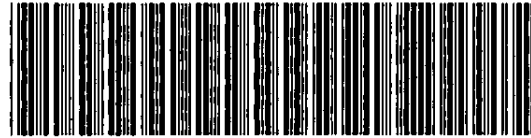
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/13/14--01016--024 **1061.25

MAY 27 2015

J SHIVERS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2015

ROBERT MROFKA
ONE MID AMERICA PLAZA SUITE 125
OAKBROOK TERRACE, FL 60181

SUBJECT: THOMAS CAMPBELL LIMITED PARTNERSHIP
Ref. Number: W14000032054

We have received your document for THOMAS CAMPBELL LIMITED PARTNERSHIP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 514A00011001

CISAR & MROFKA

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW
ONE MIDAMERICA PLAZA, SUITE 125
OAKBROOK TERRACE, IL 60181
630-530-0000 • FAX: 630-530-0043

THOMAS J. CISAR*
ROBERT J. MROFKA*
GARY R. EVANS
WILLIAM G. CISAR*
*LICENSED IN ILLINOIS & ARIZONA

WRITER'S E-MAIL:
WCISAR@CISMROF.COM

PHOENIX, ARIZONA OFFICE:
BY APPOINTMENT ONLY

May 7, 2014

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

In re: Campbell Limited Partnership

Dear Sir or Madam:

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership to transact business in Florida.

Very truly yours,

CISAR & MROFKA, LTD.

By: 

William G. Cisar, Esq.

WGC:dar
Enclosure

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

1. Thomas Campbell 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.P. or LLLP.

Thomas J. Campbell Limited Partnership

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. Illinois

State or Country of Formation

3. June 4, 1996

Date of Formation

4. Federal Employer Identification Number: 36-4087076

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

Robert J. Mrofka

4951 N. Gulf Shore Blvd. Unit 1104

Naples, FL 34103

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:

4951 N. Gulf Shore Blvd. Unit 1104

Naples, FL 34103

8. Mailing Address:

Thomas Campbell Limited Partnership

4951 N. Gulf Shore Blvd. Unit 1104

Naples, FL 34103

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 J. Campbell

Name of General Partner: _____

Street Address: 4951 N. Gulf Shore Blvd. Unit 1104

Street Address: _____

Naples, FL 34103

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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TALLAHASSEE, FLORIDA

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

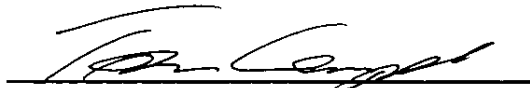
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: 5/1/15
(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 7th day of April, 2015

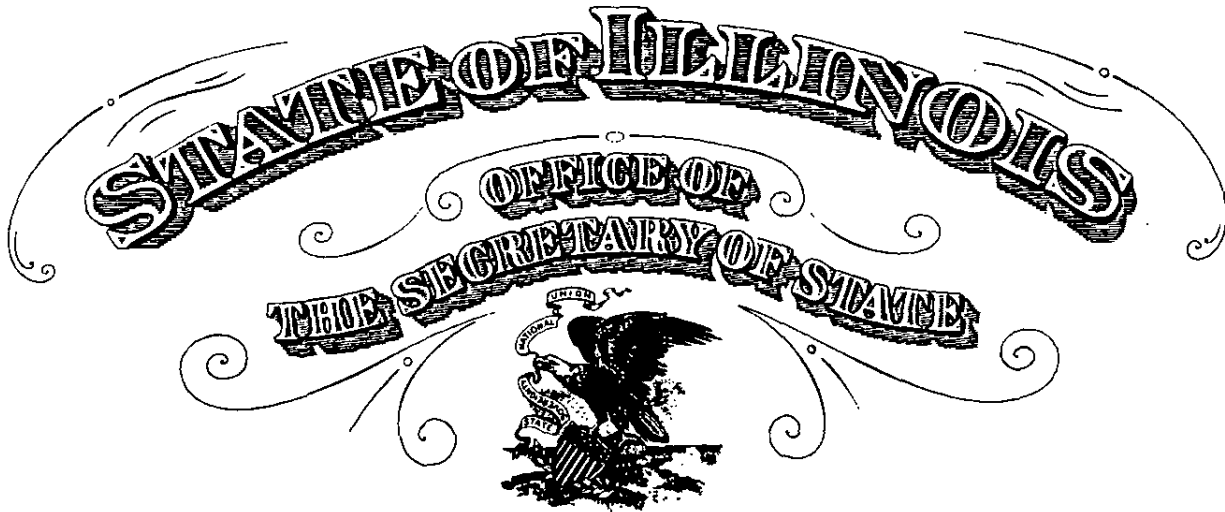

Signature of a general partner

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number C009062



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

CAMPBELL LIMITED PARTNERSHIP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON JUNE 04, 1996, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.



Authentication #: 1514102114

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereby set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 21ST
day of MAY A.D. 2015

Jesse White

SECRETARY OF STATE

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15 MAY 26 PM 12:39
CLERK OF THE SEAL