## B170000000090

<u></u>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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1. HARRIS



# FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2017

OTTE FAMILY LIMITED PARTNERSHIP 12902 SHELBYVILLE ROAD LOUISVILLE, KY 40243

SUBJECT: OTTE FAMILY LIMITED PARTNERSHIP

Ref. Number: W17000083261

We have received your document for OTTE FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. 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.

Any partner or agent of a partnership that is a legal or other commercial entity, and not an individual, must be organized or otherwise registered and maintain an active status with the Florida Department of State. It cannot be dissolved, revoked, canceled or withdrawn.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 117A00021073: ...

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

	LEUSIN P	_		
(Name of Limited Partnership or Limited Liability	Limited Partnership, which must inclu	de suffix)		
Acceptable Limited Partnership suffixes: Limited Partnership, Acceptable Limited Liability Limited Partnership suffixes: Lim	Limited, L.P., LP, or Ltd. ited Liability Limited Partnership, U. L.	D ou LLID		
the same and the same and same same same same same same same same	ned Eddiniy Emmed I drinership, 1t	r. of laar.		
If name unavailable, name under which the limited name which	on limited lightlier their days at 1	<del></del>		
If name unavailable, name under which the limited partnership business in Florida; n	p or immed hability limited partnership prosts contain acceptable suffix.	roposes to reg	gister to	transact
		,		
2. Kentucky State of Country of Formation	3. June 1, 2003	<u> </u>		
4. Federal Employer Identification Number: 32-00				
5. Name of Registered Agent for Service of Process and Flor				
MR FRANK Otte				
11240 CALLAWAY GREENS DR				
fort Myers, 16 339/3				
6. I hereby accept the appointment as registered agent and agr of all statutes relative to the proper and complete performan my position as registered agent.	ree to act in this capacity. I further agree acc of my duties, and I am familiar with a	to comply wi nd accept the	ith the p obliga	provisions tions of
Signature o	f Registered Agent			
7. Principal Office:	3. Mailing Address:			
12902 Shelbyville Road Louisville, Ky 40243	Same_			
Louisville, Ky 40243				
, (				
9. If limited partnership is a limited liability limited partne	rship, check box.	<del></del>		
	<del></del>	<u> </u>	211	
10. Name, principal office address, and mailing address of o	each general partner:		2117 Ki	- i ;
10. Name, principal office address, and mailing address of a Name of General Partner: <u>IRAL</u> OHE	each general partner: Name of General Partner:	10 m	2117 KGV	*;
10. Name, principal office address, and mailing address of a Name of General Partner: <u>IRAL</u> OHE	each general partner: Name of General Partner:		2117 160 27	# : ·
Name, principal office address, and mailing address of a Name of General Partner: <u>IRANKO</u> He  Street Address: <u>12902</u> Shelbyville	Name of General Partner:  Street Address:	12 / 12 / 12 / 12 / 12 / 12 / 12 / 12 /	2117 NOV 27 A	# · ·
10. Name, principal office address, and mailing address of a Name of General Partner: 12902 Shelby ville I Louisville, Ky 4024	Name of General Partner:  Street Address:		2117 NOV 27 AII 8	j ;
10. Name, principal office address, and mailing address of a Name of General Partner: 12902 Shelby ville I Louisville, Ky 4024	Name of General Partner:  Street Address:	A C	2117 KGN 27 AII 8: 1	# · · · · · · · · · · · · · · · · · · ·
Name, principal office address, and mailing address of a Name of General Partner: <u>IRANKO</u> He  Street Address: <u>12902</u> Shelbyville	Name of General Partner:  Street Address:		2117 KGV 27 Aii 8: 1 9	# · · · · · · · · · · · · · · · · · · ·
10. Name, principal office address, and mailing address of a Name of General Partner: 12902 Shelby ville I Louisville, Ky 4024	Name of General Partner:  Street Address:  Mailing Address:	:	, <b>e</b> 3	#TT=*
Name, principal office address, and mailing address of a Name of General Partner: <u>IRANK</u> Offenser Street Address: <u>IZ902</u> Shelby ville I Louisville, Ky 4024  Mailing Address: <u>Same</u>	Name of General Partner:  Name of General Partner:  Street Address:  Mailing Address:  Name of General Partner:	:7-1	( <b>p</b> ,	
Name of General Partner:	Name of General Partner:  Street Address:  Mailing Address:  Name of General Partner:  Street Address:		(B)	

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 d. Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.  12. Attached is a certificate of existence duly authenticated, not mo Florida Department of State, by the Secretary of State or other office.	statutory filing requirements, this date will not be listed as the re than 90 days prior to the delivery of this application to the
the law of which it is organized.	
Signed this day of day of frunk O'H's by: Signature of	a general partner
The individual signing this document affirms that the facts stated he submitted in a document to the Department of State constitutes a th	

Page 2 of 2

\$52.50

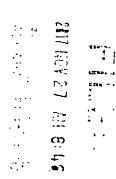
\$8.75

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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





#### Alison Lundergan Grimes Secretary of State

#### Certificate

I, Alison Lundergan Grimes, Secretary of State for the Commonwealth of Kentucky, do hereby certify that the foregoing writing has been carefully compared by me with the original thereof, now in my official custody as Secretary of State and remaining on file in my office, and found to be a true and correct copy of

2017 ANNUAL REPORT OF

THE OTTE FAMILY LIMITED PARTNERSHIP FILED APRIL 11, 2017.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 9th day of November, 2017.

CONTRACT OF THE PARTY OF THE PA

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky rpacheco/0559830 - Certificate ID: 195709

Organization ID # 0559830

State of origin

Commonwealth of Kentucky Filing fee \$15.00 Alison Lundergan Grimes, Secretary of State



0559830

Date (Required)

Alison Lundergan Grimes Secretary of State P. O. Box 1150 Frankfort, KY 40602-1150 (502) 564-3490 http://www.sos.ky.gov

#### 2017 Annual Report Due June 30, 2017

**ARP** 

Exact limited partnership name and if domestic, designated address or, if foreign, The principal office address and registered agent principal office address

THE OTTE FAMILY LIMITED PARTNERSHIP 12902 SHELBYVILLE ROAD **MIDDLETOWN KY 40243** 

name/office address cannot be changed on this form. You can file online at app.sos.ky.gov/ftsearch or forms can be downloaded from our website.

Registered Agent and Registered Office Address

FRANK G. OTTE 12902 SHELBYVILLE ROAD

LOUISVILLE, KY 40243			
General partners - List the name and address of the principal office address	miled partnership's general partners. If not specified, addresses default to the partnership's designated office or		
FRANK G. OTTE, SR.			
Please indicate the county in which your busing County:	ess operates:		
To compl	te the following, please shade the box completely.		
Please indicate the size of your business:  Small (Fewer than 50 employees)  Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:  Women-Owned  Veteran-Owned  Minority-Owned		
Please indicate which of the following best describes your business:			
	G Services Construction  1 Trade Manufacturing Finance, Insurance, Real Estate sportation, Communications, Electric, Gas, Sanitary Services		
X Jacob y officers (Required)	Benear Posts 3/15/17 Title (Required) Date (Required)		

TO AVOID A PENALTY FEE OF \$100, SAVE TIME, FILE ONLINE: http://app.sos.ky.gov/arp/0559830 OR sign and return to the Office with the required \$15.00 filing fee no later than June 30, 2017 To file via mail:

- Confirm the information is correct.
- Make changes by writing on this annual report, or by submitting an attachment with the signed report,
- The signed annual report, any attachments and filing fee (payable to the Kentucky State Treasurer) must be received in the Office by

Title (Required)

If filing online, do not return this annual report or submit payment.