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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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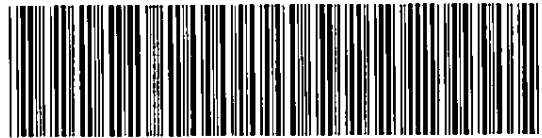
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/21/18--01016--033 **1061.25

FILED
18 MAR -2 PM 12:39

J. LEGGETT
MAR 05 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2018

GREGG STEIN
518 TOWNSHIP LINE ROAD, SUITE 300
BLUE BELL, PA 19422 US

SUBJECT: SIEGEL FAMILY INVESTMENT PARTNERSHIP, L.P.
Ref. Number: W18000017925

We have received your document for SIEGEL FAMILY INVESTMENT PARTNERSHIP, L.P. 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 218A00003711

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Siegel Family Investment Partnership, L.P.

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:

Gregg Stein

Contact Person

RSM US LLP

Firm/Company

518 Township Line Road, Suite 300

Address

Blue Bell, PA 19422

City, State and Zip Code

sheila.copenhaver@rsmus.com

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

For further information concerning this matter, please call:

Sheila Copenhaver

at (215) 648-3040

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees (S965 Filing Fee and S35 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**

1. Siegel Family Investment Partnership, L.P.

(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. Pennsylvania

State or Country of Formation

3. 10/14/1993

Date of Formation

4. Federal Employer Identification Number 23-2759399

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

Karen Fischer

7900 Old Marsh Road

Palm Beach Gardens, FL 33418

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.

Karen Fischer

Signature of Registered Agent

7. Principal Office:

7900 Old Marsh Road

Palm Beach Gardens, FL 33418

8. Mailing Address:

7900 Old Marsh Road

Palm Beach Gardens, FL 33418

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: Juno Enterprises, Inc.

Name of General Partner: _____

Street Address: 7900 Old Marsh Road

Street Address: _____

Palm Beach Gardens, FL 33418

Mailing Address: 7900 Old Marsh Road

Mailing Address: _____

Palm Beach Gardens, FL 33418

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: 01/01/2018

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 14th day of February, 20 18

Juno Enterprises, Inc. by:

Karen Fischer, President
Karen Fischer, President

The individual signing this document affirms 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 (S965 Filing Fee and S35 Registered Agent Fee) |
| Certified Copy (optional): | \$52.50 |
| Certificate of Status (optional): | \$8.75 |

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

02/09/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SIEGEL FAMILY INVESTMENT PARTNERSHIP, L.P.

is duly registered as a Pennsylvania Limited Partnership under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

Certification Number: TSC180209171857-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>