

1318 000000151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

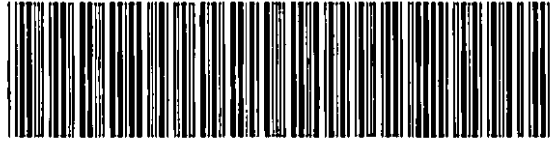
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700314050987

08/06/18--01001--002 \*\*1000.00

2018 JUN -6 PM 12:13  
RECEIVED  
TALLAHASSEE, FLORIDA

FILED

BRYAN J. STANLEY, P.A.

ATTORNEY AT LAW

209 TURNER STREET  
CLEARWATER, FLORIDA 33756

TELEPHONE (727) 461-1702  
FACSIMILE (727) 461-1764  
E-MAIL [bryan@bryanstanley.com](mailto:bryan@bryanstanley.com)

June 4, 2018

VIA FEDERAL EXPRESS

Florida Department of State  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Application by Foreign Limited Liability Limited Partnership for  
Authorization to Transact Business in Florida; Our File No. 10251-0001

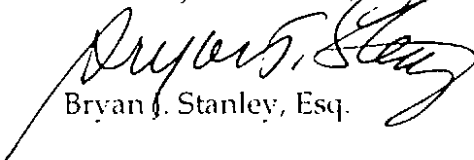
Ladies and Gentlemen:

Enclosed herewith please find the Cover Letter and Application by Foreign Limited Liability Limited Partnership for Authorization to Transact Business in Florida, and the State of Colorado Certificate of Fact of Good Standing.

We also enclose a check in the amount of \$1,000.00, which represents payment of the related filing fees. Following the filing of the above-referenced application, please direct your letter acknowledging same to the undersigned. Thank you for your prompt attention to this matter.

Sincerely,

BRYAN J. STANLEY, P.A.

  
Bryan J. Stanley, Esq.

BJS/vcf  
Enclosures  
cc: Client (via email)

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: William R. Jacobsen Family Limited Partnership, L.L.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:

Bryan J. Stanley, Esq.

Contact Person

Bryan J. Stanley, P.A.

Firm/Company

209 Turner Street

Address

Clearwater, FL 33756

City, State and Zip Code

bryan@bryanjstanley.com

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

For further information concerning this matter, please call:

Bryan J. Stanley, Esq.

at ( 727 )

461-1702

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

1. William R. Jacobsen Family Limited Partnership, L.L.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. Colorado

State or Country of Formation

3. May 31, 2012

Date of Formation

4. Federal Employer Identification Number: 30-0750238

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

Bryan J. Stanley, P.A.

209 Turner Street

Clearwater, FL 33756

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:

600 Packard Ct.

Safety Harbor, FL 34695

8. Mailing Address:

209 Turner Street

Clearwater, FL 33756

9. If limited partnership is a limited liability limited partnership, check box. ☒

10. Name, principal office address, and mailing address of each general partner:

William R. Jacobsen, as Trustee of the  
William R. Jacobsen Revocable Trust

Name of General Partner: William R. Jacobsen

Name of General Partner: dated 8/13/97, as Restated and Amended

Street Address: 600 Packard Court

Street Address: 600 Packard Court

Safety Harbor, FL 34695

Safety Harbor, FL 34695

Mailing Address: 600 Packard Court

Mailing Address: 600 Packard Court

Safety Harbor, FL 34695

Safety Harbor, FL 34695

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

FILED  
2012 JUN -6 PM 12:13  
ALLAHASSEE, FL 34602

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

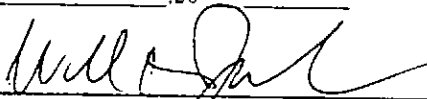
11. Effective date, if other than the date of filing: \_\_\_\_\_

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

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 29<sup>th</sup> day of May, 2018

  
\_\_\_\_\_  
Signature of a general partner

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 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

2018 JUN -6 PM 12:10  
FILED  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

WILLIAM R. JACOBSEN FAMILY LIMITED PARTNERSHIP, L.L.L.P.

is a

Limited Liability Limited Partnership

formed or registered on 05/31/2012 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20121300175 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/23/2018 that have been posted, and by documents delivered to this office electronically through 05/25/2018 @ 08:42:38 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/25/2018 @ 08:42:38 in accordance with applicable law. This certificate is assigned Confirmation Number 10921374 .



Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*  
*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*