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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Callahan Investment Limited Partnership

\_\_\_\_\_  
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:

Tyler G. Puttick

\_\_\_\_\_  
Contact Person

Block & Scarpa

\_\_\_\_\_  
Firm/Company

1515 Indian River Boulevard, Suite A-220

\_\_\_\_\_  
Address

Vero Beach, FL, 32960

\_\_\_\_\_  
City, State and Zip Code

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

For further information concerning this matter, please call:

Tyler G. Puttick

at ( 772 ) 794-1918

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$1,000.00 Filing Fees ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fee,  
( \$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and  
\$35 Registered Agent Status and Certificate of Status  
Fee)

**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. CALLAHAN INVESTMENT 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.

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. VIRGINIA

State or Country of Formation

3. 12/04/2000

Date of Formation

4. Federal Employer Identification Number: 54-2017552

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

MARGARET A. CALLAHAN

1715 CASSVILLE AVE.

VERO BEACH, FL 32966

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.

Margaret Callahan  
Signature of Registered Agent

7. Principal Office:

1715 CASSVILLE AVE.

VERO BEACH, FL 32966

8. Mailing Address:

1715 CASSVILLE AVE.

VERO BEACH, FL 32966

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: MICHAEL CALLAHAN

Name of General Partner: SUSAN CALLAHAN

Street Address: 4519 WHISPER WAY

Street Address: 1776 CYPRESS LANE

PENSACOLA, FL 32504

VERO BEACH, FL 32963

Mailing Address: 4519 WHISPER WAY

Mailing Address: 1776 CYPRESS LANE

PENSACOLA, FL 32504

VERO BEACH, FL 32963

Name of General Partner: CECILIA CALLAHAN

Name of General Partner: APRIL WEISMAN SYMONS

Street Address: 8616 CRICKET TREE LANE

Street Address: 36764 N. FORK ROAD

INDIANAPOLIS, IN 46260

PURCELLVILLE, VA 20132

Mailing Address: 8616 CRICKET TREE LANE

Mailing Address: 6764 N. FORK ROAD

INDIANAPOLIS, IN 46260

PURCELLVILLE, VA 20132

Name of General Partner: JOSEPH CALLAHAN

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

Street Address: 60 FRANKS DRIVE

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

HOLLISTER, CA 95023

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 \_\_\_\_\_, 11<sup>th</sup> day of April, 2018

Joseph Callahan

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

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

*I Certify the Following from the Records of the Commission:*

That a certificate of limited partnership was filed with the Commission on behalf of CALLAHAN INVESTMENT LIMITED PARTNERSHIP, a limited partnership formed under the law of VIRGINIA, effective as of December 04, 2000.

That as of June 4, 2018, a certificate of cancellation canceling the existence of CALLAHAN INVESTMENT LIMITED PARTNERSHIP, a Virginia limited partnership, has not been filed in the Clerk's Office of the Commission.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:  
June 4, 2018*

*Joel H. Peck*

Joel H. Peck, Clerk of the Commission