B1800000172

(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:
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SICRETARY OF STATE
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N. CULLIGAN: OCT - 5 2018

COVER LETTER

Registration Section Division of Corporations

TO:

Tallahassee, FL 32301

This island of Corporations
SUBJECT: CIOMPZ FOWNY LIMITED WITHOUTSHIP 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:
<u>Carlos Gamez</u>
Gamez Family United Partnership Firmy Company
P.O. Box 579
Avon Park, FL 33826
City, State and Zip Code 1:-mail address: (to be used for Juture annual report notification)
For further information concerning this matter, please call: Concerning this matter, please call: Concerning this matter, please c
S1.000.00 Filing Fees S1.008.75 Filing Fees S1.052.50 Filing Fees S1.061.25 Filing Fee, (\$965 Filing Fee and S35 Registered Agent Fee) S1.008.75 Filing Fees S1.052.50 Filing Fees S1.061.25 Filing Fee, Certified Copy Certified Copy, and Certificate of Status Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 Tallahassee, FL 32314



September 7, 2018

CARLOS GAMEZ PO BOX 579 AVON PARK, FL 33826

SUBJECT: GAMEZ FAMILY LIMITED PARTNERSHIP

Ref. Number: W18000080250

We have received your document for GAMEZ FAMILY 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):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

The name of your limited liability limited partnership cannot include a limited partnership suffix. The name must include an acceptable limited liability limited partnership suffix. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, L.L.L.P. or LLLP. Please amend your document accordingly.

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) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 618A00018536

www.sunbiz.org

THE SECOND OF THE SECOND SECON

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR

LIMITED LIABILITY LI:	MITED PARTNERSHIP
TO TRANSACT BUST	NESS IN FLORIDA
I Gamez rumily Limited +	arriership .
(Name of Limited Partnership or Limited Liability Limi	
Acceptable Limited Partnership suffixes: Limited Partnership, Limit Acceptable Limited Liability Limited Partnership suffixes: Limited I.	
, , , , , , , , , , , , , , , , , , , ,	······································
If name unavailable, name under which the limited partnership or li	mited liability limited partnership proposes to register to transact
business in Florida; must c	
2. Indiana	3. 411511999
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number: 67-075	<u>8186</u>
5. Name of Registered Agent for Service of Process and Florida S	Street Address:
Oxlos Gomo 7	温 二
JUNE CICITIEZ	15 S. A. S. A.
MO W. Bell Street	SER P
Avon Out 1 33975	
1101 H 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PH PO ON THE PRINCE OF THE PRI
6. Thereby 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 position as registered agent.	my duties, and I am jamiliar with and accept the obligations of
(Taulor)	ikime 8
Signature of K e _k	gistered Agent
7. Principal Office: 8. Ma	illing Address:
1110 W. Bell Street P	10. 60x 579
AVDO LOUK 5 33825 A	VON CAVI F 33801
/10/11/11/11/11/11/10/00 /1	VUI 1 FUI K, IL 20006
9. If limited partnership is a limited liability limited partnership	about hos [
	•
10. Name, principal office address, and mailing address of each	general partner:
Name of General Partner (ATICS GOMEZ	Name of General Partner:
Street Address: 3117 COMPSO Drive	Street Address:
1 = 0 Part 5 32006	Succe Address.
My turk, 12,000)
Mailing Address: 10 DOX 579	Mailing Address:
Avrn Orv. G 359	13b
Marine	
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:
	c applicable statutory filing requirements, this date will not be listed as the
Florida Department of State, by the Secretary of State of the law of which it is organized. Signed this	ated, not more than 90 days prior to the delivery of this application to the or other official having custody of the entity's records in the jurisdiction under
The individual signing this document affirms that the fa	acts stated herein are true and the individual is aware that false information

Th 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

Page 2 of 2

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

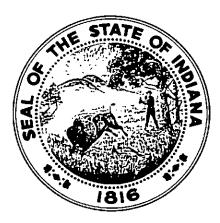
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

GAMEZ FAMILY LIMITED PARTNERSHIP

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 13, 1994, and was in existence or authorized to transact business in the State of Indiana on September 24, 2018.

I further certifiy this Domestic Limited Partnership has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 24, 2018

Corrie Zamon

CONNIE LAWSON
SECRETARY OF STATE

LP94120020 / 2018738957

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on October 24, 2018.