

B19000000022

(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:

W19 - 4371

Office Use Only



900322099509

01/24/19--01004--003 **973.75

01/07/19--01016--024 **87.50

2019 JAN 24 AM 8:14
DEPT. OF STATE
FBI - WASHINGTON

FILED

M. MILLIGAN

JAN 26 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2019

FITZGERALD GROUP FAMILY LIMITED PARTNERSHIP NO. 1
ELIZABETH MCGEE
1021 SE 11TH CT
FT LAUDERDALE, FL 33316

SUBJECT: FITZGERALD GROUP FAMILY LIMITED PARTNERSHIP NO. 1
Ref. Number: W19000004371

We have received your document for FITZGERALD GROUP FAMILY LIMITED PARTNERSHIP NO. 1 and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a foreign corporation, but your entity is a foreign limited partnership. Please complete and return the enclosed blank form(s).

The total amount due is \$1061.25.

There is a balance due of \$973.75.

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 619A00000989

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FITZGERLAD GROUP FAMILY LIMITED PARTNERSHIP NO. 1
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:

BETSY MCGEE

Contact Person

Firm/Company

1021 SE 11TH COURT

Address

FORT LAUDERDALE, FL 33316

City, State and Zip Code

BETSY@ADIMETAL.COM

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

For further information concerning this matter, please call:

BETSY MCGEE at (954) 557-2386

Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$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. FITZGERALD GROUP FAMILY LIMITED PARTNERSHIP NO. 1

(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. DELAWARE

State or Country of Formation

3.

9/22/2003

Date of Formation

4. Federal Employer Identification Number: 20-0322396

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

CORPORATION SERVICE CORPORATION

1201 HAYS STREET

TALLAHASSEE, FL 32301

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.

Doreen S. Haeselin, Asst. VP

Signature of Registered Agent

Doreen S. Haeselin, Asst. VP

7. Principal Office:

1021 SE 11TH COURT

FORT LAUDERDALE, FL 33316

8. Mailing Address:

1021 SE 11TH COURT

FORT LAUDERDALE, FL 33316

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: JUNE G. FITZGERALD

Name of General Partner:

Street Address: 1021 SE 11TH COURT

Street Address:

FORT LAUDERDALE, FL 33316

Mailing Address:

Mailing Address:

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

2018 JAN 24 AM 8:14
SECRETARY OF STATE
STATE OF FLORIDA

FILED

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

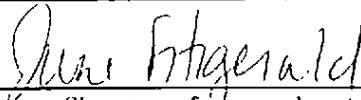
11. Effective date, if other than the date of filing: _____

(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 21ST day of JANUARY, 2019



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FITZGERALD GROUP FAMILY LIMITED PARTNERSHIP NO. 1" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FITZGERALD GROUP FAMILY LIMITED PARTNERSHIP NO. 1" WAS FORMED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



3706207 8300

SR# 20188312903

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204158892

Date: 12-21-18