

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	.
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
W1900	2010C	687

Office Use Only



400336641174

11/20/16--01015--031 **1000.00

020 JAN -3 PH 2: 10





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2019

DAVID P. BUCKLEY, JR. 102 W. WYNSTONE PARK DRIVE NORTH BARRINGTON, IL 60010

SUBJECT: NAHRA FAMILY LIMITED PARTNERSHIP, LLLP

Ref. Number: W19000108687

We have received your document for NAHRA FAMILY LIMITED PARTNERSHIP, LLLP and your check(s) totaling \$1000.00. 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 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.

Yvette Scott Document Specialist II

RECEIVED

Letter Number: 619A00025460

ኁ



KELLEHER&BUCKLEY, LLC"

ATTORNEYS AT LAW

102 SOUTH WYNSTONE PARK DR. | NORTH BARRINGTON, ILLINOIS 60010 | | TELEPHONE: 847-382-9130 A LIMITED LIABILITY COMPANY INCLUDING PROFESSIONAL CORPORATIONS

December 30, 2019

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

> RE: Nahra Family Limited Partnership, LLLP

Reference # W19000108687

Dear Sir or Madam,

finclosed is the corrected Application by Foreign LP or LLLP to Transact Business in Florida. The document was returned for lack of Certificate of Existence. A current Certificate of Existence has been included with the enclosed document.

Please file this document as soon as possible. I can be reached at the number below with any questions.

Sincerciv.

Carol Kregei

Corporate Paralegal

(847) 713-1355

Enc.

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: NAHRA FAMILY LIMITED I	PARTNERSHIP, LLLP						
Name of Foreign Limite	ed Partnership or Limited	Liability Limit	ed Partnership				
The enclosed application, certificate of status partnership to transact business in Florida.	s and fees are submitted t	o register a fore	ign limited partners	hip or l	imited I	iability limite	d
Please return all correspondence concerning	this matter to:			7	202		
DAVID P. BUCKLEY, JR.					2020 JAH -3	-11	
Contact Person		_		7.S.	J G		
KELLEHER & BUCKLEY, LLC				(n []]			
Firm/Company			r	<u>-1:</u>	PH 2: 1	! • [
102 S. WYNSTONE PARK DRIVE				된: ;	??	<u> </u>	
Address			2];ŋ >	0		
NORTH BARRINGTON, ILLINOIS 60010)						
City, State and Zip Co	ode						
DBUCKLEY@KELLEHERBUCKLEY.CO							
E-mail address: (to be used for future annu	al report notification)						
For further information concerning this matter	er, please call:						
GEORGE A. NAHRA	at (847	804-8878					
Name of Contact Person		and Daytime Te	elephone Number				
Enclosed is a check for the following amoun	t;						
\$1,000.00 Filing Fees S1,008.75 Filing Fee and S35 Registered Agent Fee)	ing Fees S1,052.50 F e of and Certifie	d 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 AD Registration Sec Division of Cor P. O. Box 6327 Tallahassee, FL	ction porations					

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. NAHRA FAMILY LIMITED PARTNERSHIP, LELP

(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

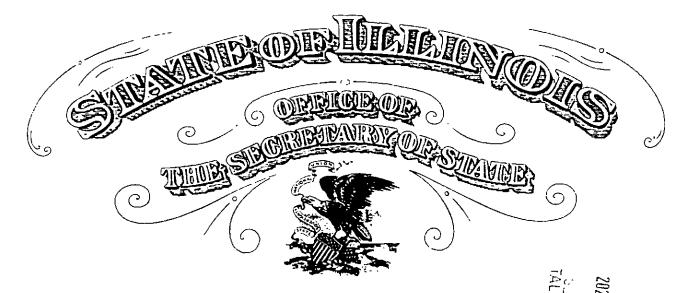
If name unavailable	e, name under which the limited partners business in Florida	a: must contain acceptable suffix.	,	— register to transact
2. ILLINOIS		3. 12/21/2012	14. P.	2005
S	tate or Country of Formation	3. 12/21/2012 Date of Fo	ormation =	5 - ~r.
4. Federal Employ	er Identification Number 46-1610925		35 T	
5. Name of Registe	red Agent for Service of Process and I	Florida Street Address:		s ا
George A. Nahra				FG
350 S. Collier Blvd	. Unit 902		YGISOT.	•
Marco Island, FL 3	4145		₩ C)
of all statutes rei my position as re	/_/	napee of my duties, and I am familian re of Registered Agent	with and accept to	he obligations of
7. Principal Office: 8. Mailing Address:				
350 S. Collier Blvd		350 S. Collier Blvd, Unit 902		
Marco Island, FL 3	4145	Marco Island, FL 34145		-
	ership is a limited liability limited part	· —		_
	al Partner: GEORGE A. NAHRA			
	al Partner: GEORGE A. NAHRA	Name of General Partner:		
Name of Genera	al Partner: GEORGE A. NAHRA	Name of General Partner:		
Name of General Street Address:	al Partner: GEORGE A. NAHRA 350 S. Collier Blvd, Unit 902 Marco Island, FL 34145	Name of General Partner:_ Street Address:		
Name of General Street Address:	al Partner: GEORGE A. NAHRA 350 S. Collier Blvd, Unit 902	Name of General Partner:_ Street Address: Mailing Address:		
Name of General Street Address: Mailing Address	Marco Island, FL 34145 350 S. Collier Blvd, Unit 902 Marco Island, FL 34145 St. 250 S. Collier Blvd, Unit 902	Name of General Partner:_ Street Address: Mailing Address:		
Name of General Street Address: Mailing Address Name of General	Marco Island, FL 34145 Marco Island, FL 34145 Marco Island, FL 34145	Name of General Partner:_ Street Address: Mailing Address: Name of General Partner:_		

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address: 70 20
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's 12. Attached is a certificate of existence duly authentic	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	Signature of a general partner acts stated herein are true and the individual is aware that false information
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	S1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 2 of 2

File Number

C022976



To all to whom these Presents Shall Come, Greeting

I, Jesse White, Secretary of State of the State of Illingis, do hereby certify that

NAHRA FAMILY LIMITED PARTNERSHIP, LLLP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON DECEMBER 21, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES. THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.



Authentication #: 1936400906

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH

day of DECEMBER

A.D.

2019

Desse White