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(City/State/Zip/Phone #)

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SECRETARY OF STATE
HARRISBURG, PA 17103

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APR 22 2020

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAVID E. FLEMING FAMILY 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:

DAVID E. FLEMING

Contact Person

Firm/Company

495 PRESTWICK CIRCLE

Address

PALM BEACH GARDENS, FL 33418

City, State and Zip Code

davidflemingesq@gmail.com

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

For further information concerning this matter, please call:

DAVID E. FLEMING

at (917) 365-6711

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 Fee (\$965 Filing Fee and \$35 Registered Agent Fee) | <input checked="" type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status | <input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status |
|--|--|---|---|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. DAVID E. FLEMING FAMILY 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. MARYLAND

State or Country of Formation

3. 6/14/1995

Date of Formation

4. Federal Employer Identification Number: 061146358

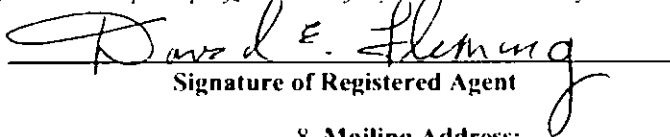
5. Name of Registered Agent for Service of Process and Florida Street Address:

DAVID E. FLEMING

495 PRESTWICK CIRCLE

PALM BEACH GARDENS, FL 33418

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:

495 PRESTWICK CIRCLE

PALM BEACH GARDENS, FL 33418

8. Mailing Address:

495 PRESTWICK CIRCLE

PALM BEACH GARDENS, FL 33418

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: DAVID E. FLEMING

Name of General Partner: _____

Street Address: 495 PRESTWICK CIRCLE
PALM BEACH GARDENS, FL 33418

Street Address: _____

Mailing Address: 495 PRESTWICK CIRCLE
PALM BEACH GARDENS, FL 33418

Mailing Address: _____

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: _____

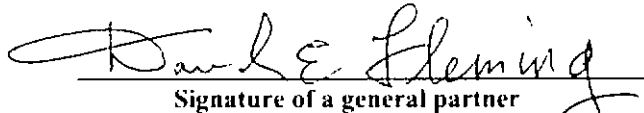
11. **Effective date, if other than the date of filing:** _____

(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 8th day of APRIL, 2020


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 |

FILED
2020 APR 14 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MARYLAND

Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED PARTNERSHIPS, OR THE RIGHTS OF LIMITED PARTNERSHIPS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT DAVID E. FLEMING FAMILY LIMITED PARTNERSHIP (M04163937), REGISTERED JUNE 14, 1995, IS A LIMITED PARTNERSHIP EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED PARTNERSHIP IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 08, 2020.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice