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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer.	

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STORETARY OF STATE



COVER LETTER

tor the second

Registration Section

Tallahassee, FL 32301

TO:

Division of Corporations		
SUBJECT: HARRIS FLP, LP		
Name of Foreign I	Limited Partnership or Limited	l Liability Limited Partnership
The enclosed application, certificate of partnership to transact business in Flori Please return all correspondence conce	ida.	to register a foreign limited partnership or limited liability limited
Edward L. Wotitzky, Esq.		
Contact Pe	rson	
Wotitzky, Wotitzky, Ross, McKinley &	& Young, P.A.	
Firm/Com	pany	
1107 W. Marion Avenue, Unit 111		
Addres	SS	_
Punta Gorda, Florida 33950		
City, State and	Zip Code	
ewotitzky@wotitzkylaw.com		<u></u>
E-mail address: (to be used for future	: annual report notification)	
For further information concerning this	s matter, please call:	
Edward L. Wotitzky	at (639-2171
Name of Contact Person		and Daytime Telephone Number
Enclosed is a check for the following a	amount:	
\$1,000.00 Filing Fees \$1,008. (\$965 Filing Fee and \$35 Registered Agent Fee) \$1 status	75 Filing Fees S1.052.50 triflicate of and Certific	Filing Fees S1,061.25 Filing Fee. ed Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING AI Registration So Division of Co P. O. Box 632 Tallahassee, F.	ection orporations 7 ·

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

1. Harris FLP, LP (Name of Limited Partnership or I	Limited Liability Limi	ted Partnershin.	which must include suffix)	_		
Acceptable Limited Partnership suffixes: Lin Acceptable Limited Liability Limited Partner	nited Partnership, Limit	ied, L.P., LP, or Lie	d.	' .		
If name unavailable, name under which the bus	limited partnership or l iness in Florida; must c			— register	to trans	sact
2 INDIANA		3 12/22/1997				
State or Country of Form	nation	<u></u>	ate of Formation	_		
4. Federal Employer Identification Number	r:	 -	_			
5. Name of Registered Agent for Service of Edward L. Wotitzky		Street Address:				
1107 W. Marion Avenue, Unit 111						
Punta Gorda, Florida 33950						
6. I hereby accept the appointment as registed of all statutes relative to the proper and commy position as registered agent.	ered agent and agree to omplete performance of Signature of Re	my duries, and I a	I further agree to comply in familiar with and accept to	with the the oblig	gations	tions of
•		ailing Address:			2028 MAR	
·		Box 37		91 (31) 100 A	AR -	***
Zionsville, IN 46077	Zion	sville, IN 46077			9	1
					PK I2: 02	Ċ
9. If limited partnership is a limited liability	ity limited partnership	o, check box. 🗆		S.K.	02	
10. Name, principal office address, and m	ailing address of each	general partner:				
Name of General Partner: O. Thomas Ha	rris Credit Shelter Trus	¹ Name of General	Partner: Robert L. Harris			
65 E. C. 1. C Hall			65 E. Cedar Street, Unit A			
Zionsville, Indiana 46			Zionsville, Indiana 46077			
Mailing Address: P.O. Box 37 Zionsville, Indiana 46077		Mailing Address: P.O. Box 37				
		. .				
Name of General Partner: Anthony R. I	larris	- Name of General	Partner:			
CC W. Continu Change Line	i. A	Street Address:				
Zionsville, Indiana 460		_				
Mailing Address: P.O. Box 37		Mailing Address:	·			
Zionsville, Indiana 460						

Name of General Partner:	Name of General Partnert
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 a Note: If the date inserted in this block does not meet document's effective date on the Department of Stat	days after the date this document is filed by the Florida Department of State.) the applicable statutory filing requirements, this date will not be listed as the
	ticated, not more than 90 days prior to the delivery of this application to the te or other official having custody of the entity's records in the jurisdiction under
Signed this $20^{\frac{TH}{}}$ day of \sqrt{X}	belf (a)
The individual signing this document affirms that the	Signature of a general partner e facts stated herein are true and the individual is aware that false information

Page 2 of 2

\$52.50

58.75

\$1,000.00 (\$965 Filing Fcc and \$35 Registered Agent Fee)

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:

Certified Copy (optional): Certificate of Status (optional):

2020 HAR -9 PH 12: 02

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

HARRIS FLP

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 22, 1997, and was in existence or authorized to transact business in the State of Indiana on November 14, 2019.

I further certify 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, November 14, 2019

Corrie Lauren

CONNIE LAWSON
SECRETARY OF STATE

LP97120122 / 20191185087

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

Expires on December 14, 2019.



January 3, 2020

EDWARD L. WOTITZKY, ESQ. WOTITZKY, WOTITZKY, ROSS, MCKINLEY, ETAL 1107 WEST MARION AVE., UNIT 111 PUNTA GORDA, FL 33950

SUBJECT: HARRIS FLP Ref. Number: W20000000352

We have received your document for HARRIS FLP and check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your limited partnership or limited liability limited partnership is not available. A foreign limited partnership or limited liability limited partnership whose name is not available must adopt an alternate name for use in the state of Florida. Please insert the alternate name in the space provided.

NOTE: The alternate name must contain an acceptable suffix. Acceptable limited partnership suffixes include: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, LLLP, or L.L.L.P.

The document must contain the name and business address of each general partner. (Note: All non-individual general partners must have an active registration with the Florida Dept. of State.)

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 720A00000135

Letter Mumber, 720A00000 133

RECEIVED

FEB 0 7 2020