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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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AUG - 7 2020 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LJH Investments, Family Limited Partn	ership	
Name of Foreign Limited Partne	ership or Limi	ited Liability Limited Partnership
The enclosed application, certificate of status and fee partnership to transact business in Florida. Please return all correspondence concerning this mat		ted to register a foreign limited partnership or limited liability limited
Robert L. Wolfe Esq		
Contact Person		
Firm/Company		
7414 Palmer Glen Circle		
Address		
Sarasota, FL 34240		
City, State and Zip Code		
ljhinvestments@verizon.net		
E-mail address: (to be used for future annual report	notification)	,
For further information concerning this matter, pleas	e call:	
Robert L. Wolfe	941 at (,525-8956
Name of Contact Person	_ `	ode and Daytime Telephone Number
Enclosed is a check for the following amount:		
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fees and Certificate of Status		0 Filing Fees
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

LJH Investments	Family Limited Partnership			
Acceptable Limited	Partnership suffixes: Limited Partne	bility Limited Partnership, which must rship, Limited, L.P., LP. or Ltd. : Limited Liability Limited Partnership, I		
If name unavailable	e, name under which the limited partr business in Flor	nership or limited liability limited partners rida; must contain acceptable suffix.	ship proposes to re	egister to transact
2. Wyoming		3. February 28, 2012		
	ate or Country of Formation	Date of For	mation	•
4. Federal Employe	er Identification Number 61-16766.	31		
	red Agent for Service of Process an			
Registered A	gents Inc.			
7901 4th St N	I STE 300			
St. Petersbur	g, FL 33702			
6. I hereby accept the of all statutes relation my position as reg	utive to the proper an <u>d c</u> omplete perfe	nd agree to act in this capacity. I further formance of my duties, and I am familiar v	agree to comply with and accept the	e obligations of
	Signa	ture of Registered Agent		2029 JUL 27 37 JAN AM
7. Principal Office:		8. Mailing Address:		
8103 Waterview Bl	vd.	8103 Waterview Blvd.		27
Lakewood Ranch, FI 34202		Lakewood Ranch, Fl 34202		
				PH 4: 0
9. If limited partne	ership is a limited liability limited p	artnership, check box. 🗆		
10. Name, principa	l office address, and mailing addre	ss of each general partner:		
Name of Genera	l Partner: Lee Hoffman	Name of General Partner:		
Street Address:	8103 Waterview Blvd.	Street Address:		
	Lakewood Ranch, Fl. 34202			
Mailing Address: 8103 Waterview Blvd.		Mailing Address:		
	Lakewood Ranch, Fl 34202			
Name of Genera	l Partner:	Name of General Partner:		
		Street Address:	l	
				···
Mailing Address	·	Mailing Address:		
			1	

Page 1 of 2

Name of General I	artner:	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 Note: If the date insen	be prior to nor more than 90 days	s after the date this document is filed by the applicable statutory filing requirements,	he Florida Department of State.) this date will not be listed as the
12. Attached is a certif Florida Department of the law of which it is o	State, by the Secretary of State of	ited, not more than 90 days prior to the de r other official having custody of the entit	livery of this application to the y's records in the jurisdiction under
Signed this 23	day of	.20	
	<u>Loe</u>	gnature of algorieral partner	
The individual signing submitted in a docume	this document affirms that the faint to the Department of State con	ets stated herein are true and the individu stitutes a third degree felony as provided	al is aware that false information for in s.817,155, F.S.
Cert	g Fees: ified Copy (optional): ificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$3 \$52.50 \$8.75	35 Registered Agent Fee)

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2020 JUL 27 PH 4:07

: ;

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

LJH Investments Family Limited Partnership

is a

Limited Partnership

formed or qualified under the laws of Wyoming did on February 28, 2012, comply with all applicable requirements of this office. Its period of duration expires 02/03/2037. This entity has been assigned entity identification number 2012-000617633.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed a Certificate of Cancellation.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 17th day of July, 2020 at 11:33 AM. This certificate is assigned ID Number 037928637.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.