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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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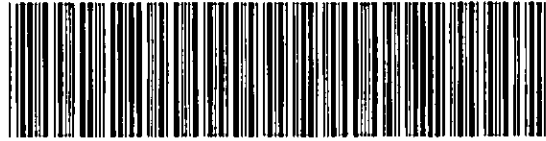
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brubaker Capital L.P.

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:

Thomas E. Dysinger

Contact Person

Dysinger & Patry, LLC

Firm/Company

249 S. Garber Drive

Address

Tipp City, OH 45371

City, State and Zip Code

tdysinger@dysingerlaw.com

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

For further information concerning this matter, please call:

Thomas E. Dysinger

at (937) 667-4481

Name of Contact Person

Area Code 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 ☐ \$1,052.50 Filing Fees and Certified Copy ☐ \$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

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

1. Brubaker Capital L.P.

(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. OH 3. February 17, 1998
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: 31-1592531

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

Rebecca B. Coughlin

5765 Hammock Isles Drive

Naples, FL 34119

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.

Rebecca B. Coughlin
Signature of Registered Agent

7. Principal Office:

5765 Hammock Isles Drive

Naples, FL 34119

8. Mailing Address:

5765 Hammock Isles Drive

Naples, FL 34119

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: James J. Coughlin

Street Address: 2281 Millhaven Street S.E.
Atlanta, GA 30080

Mailing Address: 2281 Millhaven Street S.E.
Atlanta, GA 30080

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: James G. Coughlin & Rebecca B. Coughlin, Co-Trustees of the Rebecca B. Coughlin Trust No. 1

Street Address: 5765 Hammock Isles Drive
Naples, FL 34119

Mailing Address: 5765 Hammock Isles Drive
Naples, FL 34119

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

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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 February, 2021

Rebecca B. Coughlin
Signature of a general partner

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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.817.55, 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

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show BRUBAKER CAPITAL L.P., an Ohio Limited Partnership, Registration Number LP6069, filed on February 17, 1998, is currently in FULL FORCE AND EFFECT upon the records of this office.

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*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 27th day of January, A.D. 2021.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202102701088