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LISA & SOUSA, LTD.

ATTORNEYS AT LAW

(A PROFESSIONAL CORPORATION)

5 Benefit Street
Providence, Rhode Island 02904
Telephone (401) 274-0600
Facsimile (401) 421-6117

Carl B. Lisa
Louis A. Sousa •
Carl B. Lisa, Jr. •
Sandra Sousa-Marujo •
John J. Poloski, III •

Robert G. Branca, Jr. •
Eugene A. Amelio •
of Counsel

• (Also Member of Massachusetts Bar)
• (Also Member of District of Columbia Bar)

April 7, 2021

Via Federal Express

PLEASE FILE THIS FILING SECOND

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

RE: The CMC Family Limited Partnership, a Rhode Island limited partnership
Our file #(title)

Dear Sir or Madam:

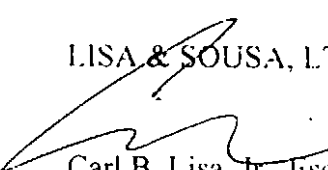
Please find enclosed the following items for filing with your office:

1. Application for Foreign LP to do Business in Florida;
2. Check in the amount of \$1,061.25 representing filing fee, certified copy fee and Certificate of Status fee;
3. Certificate of Good Standing from RI Sec. of State dated within past 90 days.

Please file this Application and return the requested items in the enclosed Federal Express envelope at your first convenience. If you have any questions, please do not hesitate to contact me.

Very truly yours,

LISA & SOUSA, LTD.


Carl B. Lisa, Jr., Esquire
CBLJR/abt
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE CMC FAMILY LIMITED PARTNERSHIP, a Rhode Island 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:

Amy at Carl B. Lisa, Jr., Esquire

Contact Person

Lisa & Sousa, Ltd.

Firm/Company

5 Benefit Street

Address

Providence, RI 02904

City, State and Zip Code

atheroux@lisasousa.com

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

For further information concerning this matter, please call:

Amy Theroux

at (401) 274-0600

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

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

1. THE CMC FAMILY LIMITED PARTNERSHIP, a Rhode Island 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. Rhode Island

State or Country of Formation

3. February 2, 2021

Date of Formation

4. Federal Employer Identification Number: 05-0520991

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

Jeremy Coelho

6303 Morse Oaks Circle

Jacksonville, FL 32244

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:

120 Hopeworth Avenue

Bristol, RI 02809

8. Mailing Address:

120 Hopeworth Avenue

Bristol, RI 02809

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: Coelho Management Company, LLC

Name of General Partner: _____

Street Address: 120 Hopeworth Avenue

Street Address: _____

Bristol, RI 02809

Mailing Address: 120 Hopeworth Avenue

Mailing Address: _____

Bristol, RI 02809

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing 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 6th day of April, 2021



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



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

LONG FORM CERTIFICATE OF LEGAL EXISTENCE

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

The CMC Family Limited Partnership

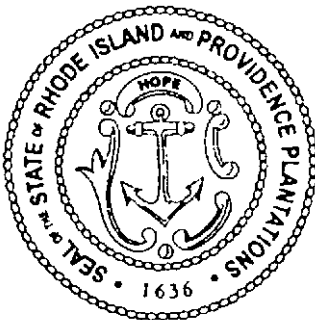
is a Rhode Island Limited Partnership organized on **December 14, 2001**. I further certify as of the date of this certificate the attached summary is an accurate description of all known filings made in this office by the above-named entity.

I further certify that a certificate of cancellation has not been filed and the partnership is of record with this office. This certificate is not to be considered as a notice of the partnership's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

February 02, 2021

Secretary of State



Certificate Number: 21020006050

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

Processed by: klynch



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

Long Form Good Standing Summary For

The CMC Family Limited Partnership

IT IS FURTHER CERTIFIED that no amendments have been filed in this office as of the 2nd day of February, 2021.