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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HILL WARD HENDERSON
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Phone : (813)221-3900
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****Enter the email address for this business entity to be used for future
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FLORIDA/FOREIGN LP/LLLP
Harry Z. Wilson, Family Limited Partnership

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

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

1. HARRY Z. WILSON, 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. CALIFORNIA

State or Country of Formation

3. 12/24/2012

Date of Formation

4. Federal Employer Identification Number: 46-4636009

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

GARY Z. WILSON

10706 TOWN VIEW DRIVE

JACKSONVILLE, FL 32256

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.

Gary Z. Wilson

Signature of Registered Agent

7. Principal Office:

752 19th STREET

SANTA MONICA, CA

8. Mailing Address:

752 19th STREET

SANTA MONICA, CA 90402

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: GARY Z. WILSON

Street Address: 10706 TOWN VIEW DRIVE

JACKSONVILLE, FL 32256

Mailing Address: 10706 TOWN VIEW DRIVE

JACKSONVILLE, FL 32256

Name of General Partner: KIRK Z. WILSON

Street Address: 752 19th STREET

SANTA MONICA, CA 90402

Mailing Address: 752 19th STREET

SANTA MONICA, CA 90402

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

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 18th day of May, 2022

Gary Z Wilson

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

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Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	HARRY Z. WILSON, FAMILY LIMITED PARTNERSHIP
Entity No.:	201301800005
Registration Date:	12/24/2012
Entity Type:	Limited Partnership - CA
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 18, 2022.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 012643522

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.