

From: Olive Judd, P.A.
10/3/23, 12:38 PM

Fax:

To: 8506176383@rcfax.com

Fax: (850) 617-6383

Page: 2 of 6

10/03/2023 12:50 PM

Division of Corporations

B230000316

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : OLIVE JUDD, P.A.
Account Number : I20200000171
Phone : (954)334-2250
Fax Number : (888)503-5258

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sharon.smith2005@gmail.com

FLORIDA/FOREIGN LP/LLLP

Julian and Sharon Smith Family Limited Partnership

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

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10/3/23 3:31 PM

FLORIDA
DIVISION OF
CORPORATIONS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Julian and Sharon Smith Family 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:

Sharon Smith

Contact Person

Firm/Company

954 Country Club Drive

Address

Teaneck, NJ 07666

City, State and Zip Code

sharon.smith2005@gmail.com

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

For further information concerning this matter, please call:

Nicole M. Villarroel, Esq.

at (954)

334-2250

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. Julian and Sharon Smith 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. Delaware

State or Country of Formation

3. 11/22/2000

Date of Formation

4. Federal Employer Identification Number: 13-4145256

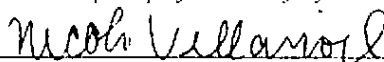
5. Name of Registered Agent for Service of Process and Florida Street Address:

Olive Judd, P.A.

2426 E. Las Olas Blvd

Fort Lauderdale, FL 33301

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:

954 Country Club Drive

Teaneck, NJ 07666

8. Mailing Address:

954 Country Club Drive

Teaneck, NJ 07666

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: Sharon Smith

Name of General Partner:

Street Address: 954 Country Club Drive

Street Address:

Teaneck, NJ 07666

Mailing Address: 954 Country Club Drive

Mailing Address:

Teaneck, NJ 07666

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

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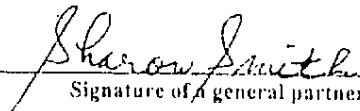
Name of General Partner: _____ Name of General Partner: _____
Street Address: _____ Street Address: _____

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 29 day of September, 20 23


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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Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "JULIAN AND SHARON SMITH FAMILY LIMITED
PARTNERSHIP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE
AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF
SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JULIAN AND
SHARON SMITH FAMILY LIMITED PARTNERSHIP" WAS FORMED ON THE TWENTY-
SECOND DAY OF NOVEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
PAID TO DATE.



3320056 8300

SR# 20233599844

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204268585

Date: 09-28-23