

B24000000222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

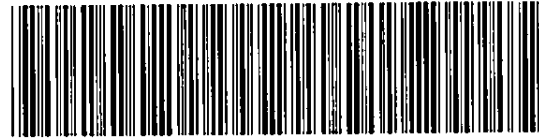
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24-96807

Office Use Only



200431178502

2024 JUN 26 PM 11:21

RECEIVED

2024 JUN 26 PM 11:21

ALLAHASSEE, FLORIDA

JUL 01 2024  
K. Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2024

SUNSHINE

SUBJECT: LAUDA-BRINKMANN, LP  
Ref. Number: W24000096807

**CORRECTED**  
Please Allow For  
Same File Date

We have received your document for LAUDA-BRINKMANN, LP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Any partner or agent of a partnership that is a legal or other commercial entity, and not an individual, must be organized or otherwise registered and maintain an active status with the Florida Department of State. It cannot be dissolved, revoked, canceled or withdrawn.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 424A00014131

RECEIVED  
2024 JUN 28 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 06/26/2024

**\*\*WALK IN\*\***

ENTITY NAME LAUDA-BRINKMANN, LP

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$1052.50

ACCOUNT #: I20160000072

*S. R. J. M.*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAUDA-BRINKMANN, LP

\_\_\_\_\_  
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:

DEVORA NEALY

\_\_\_\_\_  
Contact Person

SMITH, GAMBRELL & RUSSELL, LLP

\_\_\_\_\_  
Firm/Company

1105 W. PEACHTREE STREET NE, SUITE 1000

\_\_\_\_\_  
Address

ATLANTA, GA 30309

\_\_\_\_\_  
City, State and Zip Code

DNEALY@SGRLAW.COM

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

For further information concerning this matter, please call:

DEVORA NEALY at ( 404 ) 815-3500

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fee    ☐ \$1,008.75 Filing Fees    ☒ \$1,052.50 Filing Fees    ☐ \$1,061.25 Filing Fee,  
(\$965 Filing Fee and    and Certificate of    and Certified Copy    Certified Copy, and  
\$35 Registered Agent    Status       Certificate of Status  
Fee)

**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. LAUDA-BRINKMANN, LP

(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. GEORGIA

State or Country of Formation

3. 08/14/2008

Date of Formation

4. Federal Employer Identification Number: 26-3214669

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

SMITH, GAMBRELL & RUSSELL, LLP

50 NORTH LAURA ST., SUITE 2600

JACKSONVILLE, FL 32202

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.

FLORIAN A. STAMM

Signature of Registered Agent

7. Principal Office:

9 EAST STOW ROAD

SUITE C

MARLTON, NJ 08053

8. Mailing Address:

9 EAST STOW ROAD

SUITE C

MARLTON, NJ 08053

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: Lauda-Brinkmann Management, Inc.

Name of General Partner: \_\_\_\_\_

Street Address: 9 EAST STOW ROAD

Street Address: \_\_\_\_\_

MARLTON, NJ 08053

Mailing Address: 9 EAST STOW ROAD

Mailing Address: \_\_\_\_\_

MARLTON, NJ 08053

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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 25th day of JUNE, 2024

Florian A. Stamm, Secretary of General Partner

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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

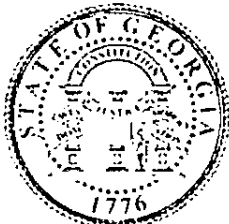
**LAUDA-Brinkmann, LP**  
a Domestic Limited Partnership

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27714988  
Date Inc/Auth/Filed: 08/14/2008  
Jurisdiction : Georgia  
Print Date : 06/25/2024  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State