

A15000000213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

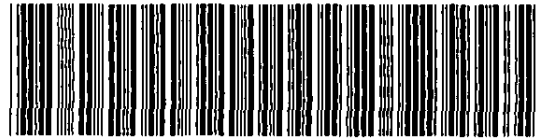
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300267692213

03/30/15--01006--003 **1000.00

RECEIVED
DEPARTMENT OF STATE
15 MAR 27 AM 8:55

FILED
15 MAR 27 AM 9:52
DEPARTMENT OF STATE
FILING OFFICE
1000 PENNSYLVANIA AVENUE
HARRISBURG, PA 17103-0001

M. MILLIGAN
EXAMINER

MAR 31 2015

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

5769 Riverside Drive, LP

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

RECEIVED
DEPARTMENT OF STATE
15 MAR 27 AM 8:51

Signature _____

Requested by: Seth _____
 Name _____ Date 03/27/15 Time _____
 Walk-In _____ Will Pick Up _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5769 Riverside Drive, LP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Charles B. Capps, Esq.
Contact Person

Pavese Law Firm
Firm/Company

1833 Hendry Street
Address

Fort Myers, Florida 33901
City, State and Zip Code

dave m @ agri-turf.co
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles B. Capps at (239) 336-6219
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$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 Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

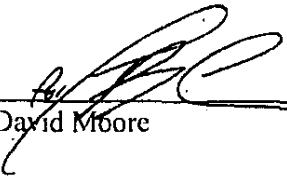
MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

March 27, 2015

Florida Department of State
Division of Corporations
P.O. Box 6250
Tallahassee, FL 32314

FILED
MAR 27 AM 9 52
15
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

I, David Moore, member of 5769 Riverside Drive, LLC do not object to 5769 Riverside Drive, LP to be formed with the same name.



David Moore

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

15 APR 27 AM 9:52
FILED
STATE
FLORIDA

1. 5769 Riverside Drive, 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.*

2. 10 Eagle Nest Court
(Street address of initial designated office)

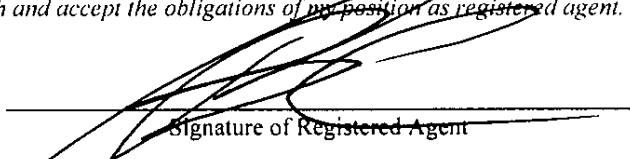
Calendon, Ontario, Canada L7E OB4

3. Charles B. Capps, Esq.
(Name of Registered Agent for Service of Process)

4. 1833 Hendry Street
(Florida street address for Registered Agent)

Fort Myers, Florida 33901

5. *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

6. 10 Eagle Nest Court, Calendon, Ontario, Canada L7E OB4
(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box

FILED
MAR 27 AM 9:51
15
STATE

8. Name and business address of each general partner:

Name:

Business Address:

5769 Riverside Drive, LLC

10 Eagle Nest Court

Calendon, Ontario, Canada L7E 0B4

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 26th day of March, 2015.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any 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.

[Handwritten Signature]

as member of 5769 Riverside Drive, LLC, General Partner

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75