

A99000001036

ATTORNEY'S TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- MONTREVILLE, LP
- 2-
- 3-
- 4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUN 25 PM 4:21

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-06/28/99--01001--008

****157.50 ****157.50

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
99 JUN 25 PM 3:17

EXAMINER'S INITIALS

OK 6/25/99

**CERTIFICATE OF LIMITED PARTNERSHIP OF
MONTREVILLE, LIMITED
A Florida Limited Partnership**

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DIVISION OF CORPORATIONS
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The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

1. The name of the Partnership is **MONTREVILLE LIMITED**.
2. The address of the office of the Partnership is **233 North Causeway, New Smyrna Beach, Florida 32169**.
3. The name and address of the agent for service of process on the Partnership is **W. M. Gillespie, 233 North Causeway, New Smyrna Beach, Florida 32169**.
4. The name and business address of the sole general partner is **Sally I. Gillespie, 233 North Causeway, New Smyrna Beach, Florida 32169**.
5. The mailing address of the Partnership is **233 North Causeway, New Smyrna Beach, Florida 32169**.
6. The latest date upon which the Partnership shall dissolve is **50 years from the date of the filing of the Certificate of Limited Partnership with the Department of State, State of Florida or the 15th day of July, 2049, A.D., which ever event occurs second**.

The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of **MONTREVILLE LIMITED**, this 23rd day of June, 1999.

GENERAL PARTNER:

BY: Sally I. Gillespie

NAME: SALLY I. GILLESPIE

TITLE: GENERAL PARTNER

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for **MONTREVILLE LIMITED**, a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

W. M. Gillespie
W. M. GILLESPIE

233 North Causeway, New Smyrna Beach, FL 32169

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF
MONTREVILLE LIMITED
A Florida Limited Partnership**


FILED
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DIVISION OF CORPORATIONS
99 JUN 25 PM 4:21

STATE OF FLORIDA
COUNTY OF VOLUSIA

BEFORE ME, the undersigned authority, personally appeared **SALLY I. GILLESPIE**, **GENERAL PARTNER, of NEW SMYRNA BEACH, FLORIDA**, the sole general partner of **MONTREVILLE LIMITED** (the "Partnership"), who, upon being duly sworn, certified as follows:

1. The amount of capital contributions, to the Partnership made by the limited partners is, in the aggregate, **Nine Thousand Nine Hundred and No/100 (\$9,900.00) Dollars.**
2. At the time, it is not anticipated that additional capital contributions will be made by the limited partners.

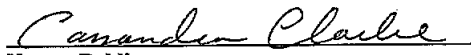
Under penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.


SALLY I. GILLESPIE

Date: June 23, 1999

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared **SALLY I. GILLESPIE**, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and she acknowledged to me and before me that she executed this Affidavit as **General Partner**, sole General Partner of **MONTREVILLE LIMITED**.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the State and County aforesaid, this 23rd day of June, 1999.


Notary Public
Printed Name: _____
My Commission Expires: _____
(Seal)

