Division of Corporations Electronic Filing Cover Sheet

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(((H100000561953)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: BARNETT, BOLT, KIRKWOOD, LONG &

Account Number : 072731001155

Phone

: (813)253-2020

Fax Number . : (813)251-6711

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

Email Address:

## FLORIDA/FOREIGN LP/LLLP Septem Family Partnership III. Ltd.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

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MAR 1 2 2019

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Corporate Filing Menu

## Septem Family Partnership III, Ltd. (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. 2,601 Bayshore Boulevard, Ste. 700 (Street address of initial designated office) Tampa, FL 33606 3 David L. Koche (Name of Registered Agent for Service of Process) 4,601 Bayshore Boulevard, Ste. 700 (Florida street address for Registered Agent) Tampa, FL 33606 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 an accept the obligations of my position as registered agent. Signature of Registered Agent 601 Bayshore Boulevard, Ste. 700 (Mailing address of initial designated office) Tampa, FL 33606 7. If limited partnership elects to be a limited liability limited partnership, check box

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8. Name and business address of ea Name:	ach general partner: <u>Business Address:</u>
Septem Management III, LLC	601 Bayshore Blvd., Ste. 700
	Tampa, FL 33606
	11-27794
	LEGNET AR
	TAR L
	EE. OF
	LOR I
	> <sup>™</sup> &
9. Effective date, if other than the date of f	iling:
(Effective date cannot be prior to no filed by the Florida Department of S	r more than 90 days after the date the document is tate.)
Signed this 11 th day o	f March 2010
Signature of each general partner:	
SEPTEMMANAGEMENT III, ALI	<u> </u>
By: David L. Koche, Authorized	·
Representative	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2