

A 22 000 000 428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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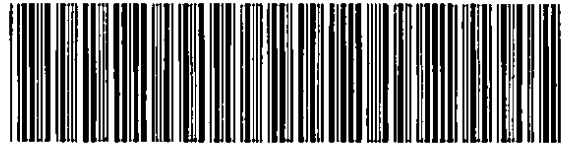
(Business Entity Name)

(Document Number)

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

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SEVEN FALL ASSOCIATION

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MB RACK ENTERPRISES, 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:

MARTY MCCUTCHEN

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

MARTY MCCUTCHEN CPA, P.C.

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

6628 BRYANT IRVIN RD. STE 100

\_\_\_\_\_  
Address

FORT WORTH, TX 76132

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

NIKOLE@CPAINDFW.COM

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

For further information concerning this matter, please call:

NIKOLE WELDON

at ( 817 ) 350-6719

\_\_\_\_\_  
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

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

1. MB RACK ENTERPRISES, 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. 20 WEST BLUE CORAL DRIVE  
(Street address of initial designated office)  
SANTA ROSA BEACH, FL 32459

3. BUSINESS FILINGS INCORPORATED  
(Name of Registered Agent for Service of Process)

4. 1200 SOUTH PINE ISLAND RD.  
(Florida street address for Registered Agent)  
PLANTATION, FL 33324

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

6. 20 WEST BLUE CORAL DRIVE  
(Mailing address of initial designated office)  
SANTA ROSA BEACH, FL 32459

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

8. Name and business address of each general partner:

Name:

Business Address:

VICKI DICKERSON

20 WEST BLUE CORAL DRIVE

SANTA ROSA BEACH, FL 33324

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.)

**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.

Signed this 24 day of JUNE, 2022

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Filing Fees:** \$1,000.00 (S965 Filing Fee and \$35 Registered Agent Fee)  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75