

A010000000629

Requester's Name
WILLIAM WHITE
Address
P.O. BOX 7213
City/State/Zip
ALEXANDRIA, VA. 22307
Phone #
1 (703) 768-0327

Office Use Only

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

1. LONG ROOM L.P.
(Corporation Name) (Document #)

2. W-1-5162
(Document #)

LP
Nelson Pryor
3726 12th St.
NE

WASH DC
4/2 - mailed
CORP, LP
booklets
20017

Nelson Pryor
2505 Arthurs Court Lane
Tallahassee FL
32301

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

AMENDMENTS

Amendment

Resignation of R.A., Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Merger

REGISTRATION/QUALIFICATION

Foreign

Limited Partnership

Reinstatement

Trademark

Other

RECEIVED
01 MAR -7, AM 10:32
DIVISION OF CORPORATION

000003809970--1
-03/07/01--01042--001
***1505.00 ***1505.00
000003809970--1
-05/08/01--01153--001
35.00 **35.00

FILED
01 MAY -8 PM 3:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 7, 2001

WILLIAM WHITE
PO BOX 7213
ALEXANDRIA, VA 22307

SUBJECT: LONG ROOM LIMITED PARTNERSHIP
Ref. Number: W01000005162

We have received your document for LONG ROOM LIMITED PARTNERSHIP and your check(s) totaling \$1505.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return 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 (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 301A00013859

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY - 8: PM 3: 59

FILED



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 2, 2001

NELSON PRYOR
2505 ARTHURS COURT LANE
TALLAHASSEE, FL 32301

SUBJECT: LONG ROOM LIMITED PARTNERSHIP
Ref. Number: W01000005162

We have received your document for LONG ROOM LIMITED PARTNERSHIP and your check(s) totaling \$1505.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount contributed and anticipated to be contributed must be included in your affidavit, and your filing fee is based on this amount, as explained in the attached instructions. The amount you previously submitted, \$1505, was based on a total of \$210,000. Please submit the additional \$7-per-\$1000 due for your new total amount once you have completed the affidavit form with that new total amount. For instance, if your new total amount contributed and anticipated to be contributed is \$215,000, you would need to submit an additional \$35.

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) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 501A00026056

FILED
01 MAY -8 PM 3:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

1. LONG ROOM, LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 501 E. COLLEGE AVE, TALLAHASSEE, FL.
(Business address of Limited Partnership)
3. WILLIAM GREENE
(Name of Registered Agent for Service of Process)
4. RR 1, BOX 3665, MADISON, FL. 32340
(Florida street address for Registered Agent)
5. *William Greene*
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 501 E. COLLEGE AVE, TALLAHASSEE, FL.
(Mailing Address of the Limited Partnership)

DEC. 31, 2021

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2021
8. Name(s) of general partner(s): _____ Street address: _____

PLAXICO ENTERPRISES, INC. 6813 RADCLIFFE DR, ALEX. VA.
FOI-2347

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 7th day of APRIL

Signature of all general partners:

William H. White, pres, Plaxico Enterprises, Inc.
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

FILED
01 MAY -8 PM 3:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of LONG ROOM, LIMITED
PARTNERSHIP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 215,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 215,000.00

Signed this 7th day of APRIL, 2001

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the
contents thereof and that the facts stated herein are true and correct.*

William H. White, pres. Plaxico
General Partner Enterprises, Inc.

General Partner

General Partner

General Partner

General Partner

General Partner

FILED
01 MAY -8 PM 3:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA