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(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Nan	ne)
— · · · · · · · · · · · · · · · · · · ·	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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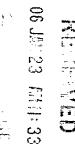
Office Use Only



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2006 JAN 23 AM 11: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA



4010-109

COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: Pine Dove Estar (Name of Florida Limited Partnership)	or Limited Liability Limited Partnership)
The enclosed Certificate of Limited Partners	ship and fees are submitted for filing.
Please return all correspondence concerning	g this matter to:
James R. Guerino (Contact Person)	
Statesmen Construct (Firm/Company)	SECRE SECRE
2656 Ramington Grau	n Ciccle
Tallahassae, FL 3230 (City, State and Zip Code)	STATE LORIDA
For further information concerning this mate	tter, please call:
(Name of Contact Person)	at (150) 456-5475 XII4 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount	nt:
☐ \$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:	MAILING ADDRESS:
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CR2E030

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

1. Pine DOVE Estates P. (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_2858 Ceminaton Croon Circle (Street address of initial designated office)		
Tullahasson, FL 32308		
3	2006 JAN 23 AM 11: 26	7777
Signature of Registered Agent		,
6. 2556 Comington Groon Circle (Mailing address of initial designated office)		
Tallahassee, FL 32308	·	

7. If limited partnership, check box \square .

<u> </u>	Michiga Bussikumington
PO6-8054	ruction 2958 Romington C Tallahassee, FL 32309
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	ORID
9. Effective date, if other than the (Effective date cannot be prior to	e date of filing: nor more than 90 days after the date the document is
filed by the Florida Department of	
Signed this 🐊 da	yof much sook.
Signature of each general partner:	, , ,
	•
	<u> </u>
K. Richard yat	
K. Richard Uat	
K. Richard yal	