

AD00000000/55

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

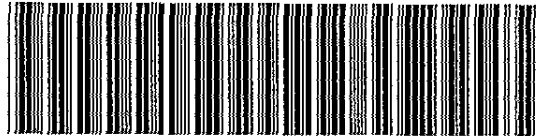
Certified Copies 1 Certificates of Status 1

Special Instructions to Filing Officer:

1/23 FL LP

Office Use Only

M. HODGES



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01/23/06 101044--011 **1061.25

FILED
06 JAN 23 AM 9:39
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crumbaugh, Crumbaugh & Powell 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:

George D. Powell

(Contact Person)

(Firm/Company)

1043 Tropical Ave

(Address)

Port Charlotte, FL 33948

(City, State and Zip Code)

For further information concerning this matter, please call:

George D. Powell

(Name of Contact Person)

at (941) 206-2030

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status
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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

CR2E030 (01/06)

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

1. Crumbaugh, Crumbaugh & Powell 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. 1043 Tropical Ave

(Street address of initial designated office)

Port Charlotte, FL 33948

3. George D. Powell

(Name of Registered Agent for Service of Process)

4. 1043 Tropical Ave

(Florida street address for Registered Agent)

Port Charlotte, FL 33948

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

6. 1043 Tropical Ave.

(Mailing address of initial designated office)

Port Charlotte, FL 33948

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

James A. Crumbaugh III

281 Capri Isles Court

Punta Gorda, FL 33950

Virginia Crumbaugh

281 Capri Isles Court

Punta Gorda, FL 33950

George D. Powell

1043 Tropical Ave



Port Charlotte, FL 33948

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.)

Signed this 20th day of JANUARY, 2006

Signature of each general partner:

1-20-06

1-20-06

1-20-06

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75