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(Business Entity Name)

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Certificates of Status 1

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02/16/06--01007--001 **1005.75

FILED
MAR 1 2006
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

M. HODGES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Robert M. Dixon Family Limited Partnership, LLLP
(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:

ROBERT M. DIXON

(Contact Person)

ROBERT M. DIXON FAMILY LIMITED PARTNERSHIP, LLLP

(Firm/Company)

240 GULFSHORES DRIVE UNIT 733

(Address)

DESTIN, FLORIDA 32541-5049

(City, State and Zip Code)

For further information concerning this matter, please call:

ROBERT M. DIXON

(Name of Contact Person)

at (**334**) **687-8204**

(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

CR2E030 (01/06)

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

1. ROBERT M. DIXON FAMILY LIMITED PARTNERSHIP, LLLP

(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. 240 GULFSHORES DRIVE UNIT 733
(Street address of initial designated office)

DESTIN, FLORIDA 32541-5049

3. ROBERT M. DIXON
(Name of Registered Agent for Service of Process)

4. 240 GULFSHORES DRIVE UNIT 733
(Florida street address for Registered Agent)

DESTIN, FLORIDA 32541-5049

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. 240 GULFSHORES DRIVE UNIT 733
(Mailing address of initial designated office)

DESTIN, FLORIDA 32541-5049

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

TALLAHASSEE FLORIDA
MAY 15 2018 5:55

8. Name and business address of each general partner:

Name:

Business Address:

ROBERT M. DIXON

240 GULFSHORE DRIVE UNIT 733

DESTIN, FLORIDA 32541-5049

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 09th day of February, 2006

Signature of each general partner:

Robert M Dixon

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75