

A06000001019

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H060002070363)))



H060002070363ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : SHUFFIELD LOWMAN
Account Number : I20030000118
Phone : (407) 581-9800
Fax Number : (407) 581-9801

FILED
06 AUG 17 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 AUG 17 PM 2:05
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LP/LLP

FIVE H FARMS, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H06000207036 3)))

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

1. FIVE H FARMS, 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. 619 S.R. 50, Groveland, Florida 34736
(Street address of initial designated office)
3. 619 S.R. 50, Groveland, Florida 34736
(Mailing address of initial designated office)
4. Gregory W. Meier
(Name of Registered Agent for Service of Process)
5. 1000 Legion Place, Suite 1700, Orlando, FL 32801
(Florida street address for Registered Agent)
6. 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)

7. If limited partnership elects to be a limited liability limited partnership, check box ☒
8. Name and business address of each general partner:

<u>Name</u>	<u>Business Address</u>	<u>FL Doc #, if entity</u>
<u>Dennis W. Hillary</u>	<u>619 S.R. 50</u> <u>Groveland, Florida 34736</u>	

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 1st day of August, 2006.


Dennis W. Hillary, General Partner

06 AUG 17 AM 8:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

(((H06000207036 3)))