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(City/State/Zip/Phone #)

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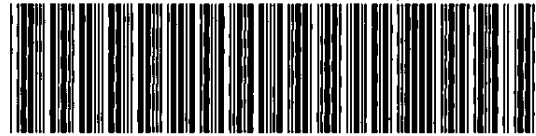
(Business Entity Name)

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9-12
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JEANNETTE COVE III, LTD.
(Name of Partnership)

The enclosed Partnership Registration Statement and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PABLO J. VALDES
(Name of Person)

JEANNETTE COVE III, INC.
(Firm/Company)

8433 W. OKEECHOBEE
(Address)

HIWASSEE GARDENS, FL 33016
(City/State and Zip Code)

For further information concerning this matter, please call:

PABLO J. VALDES at (305) 822-8000
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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

1. SEANNETTE COVE III, LLP

(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. 8433 W. OKEECHOBEE RD
(Street address of initial designated office)

HIALEAH GARDENS, FL 33016

3. FRANK J. VALDES
(Name of Registered Agent for Service of Process)

4. 8433 W. OKEECHOBEE RD
(Florida street address for Registered Agent)

HIALEAH GARDENS, FL 33016

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. 8433 W. OKEECHOBEE RD
(Mailing address of initial designated office)

HIALEAH GARDENS, FL 33016

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

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8. Name and business address of each general partner:

Name:

Business Address:

JEANNETTE COVETT, INC. 8433 W. OKEECHOBEE RD
POB 0000 90439 HIA LEAH GARDENS, FL 33016

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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9. Effective date, if other than the date of filing:

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 28 day of August, 2006.

Signature of each general partner:

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75