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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

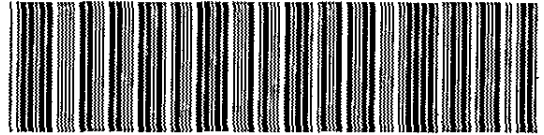
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 OCT -5 PM 2:56

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUNTINGTON FERNS, LTD.

(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:

Haywood M. Ball

(Contact Person)

Donahoo, Ball & McMenamy, P.A.

(Firm/Company)

50 N. Laura Street, Suite 2925

(Address)

Jacksonville, FL 32202

(City, State and Zip Code)

For further information concerning this matter, please call:

Haywood M. Ball

(Name of Contact Person)

at (904) 354-8080

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees ☒ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fees,
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and
\$35 Registered Agent Status Certificate of Status
Fee)

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. HUNTINGTON FERNS, LTD.

(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. 200 West Forsyth Street, Suite 1600
(Street address of initial designated office)

Jacksonville, FL 32202

3. Haywood M. Ball
(Name of Registered Agent for Service of Process)

4. 50 N. Laura Street, Suite 2925
(Florida street address for Registered Agent)

Jacksonville, FL 32202

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. Post Office Box 52898
(Mailing address of initial designated office)

Jacksonville, FL 32201-2898

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

John Newbold, Jr.

566 Old Highway 17

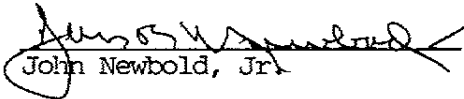
Crescent City, FL 32112

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 3rd day of ~~September~~ OCTOBER, 2006.

Signature of each general partner:


John Newbold, Jr.

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75