

AV6000001501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

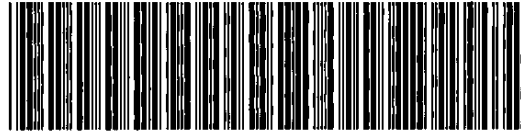
(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF
TALLAHASSEE, FLORIDA

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Timothy J. Warfel
 Requestor's Name
 2015 Centre Pointe Boulevard
 Suite 105 Address
 Tallahassee, FL 32308 942-1919
 City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Ox Bottom Terrace, LLC
 (Corporation Name) (Document #)

2. _____
 (Corporation Name) (Document #)

3. _____
 (Corporation Name) (Document #)

4. _____
 (Corporation Name) (Document #)

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 TALLAHASSEE, FLORIDA

☒ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

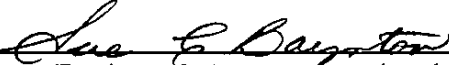
OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials


**CERTIFICATE OF LIMITED PARTNERSHIP
OF
OX BOTTOM TERRACE, LLLP**

1. Ox Bottom Terrace, LLLP
(Name of Limited Partnership; must contain suffix "LLLP")
2. 2560 Ox Bottom Road, Tallahassee, Florida 32312
(The Business Address of Limited Partnership)
3. Sue C. Boynton
(Name of Registered Agent for Service of Process)
4. 2560 Ox Bottom Road, Tallahassee, Florida 32312
(Florida Street Address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent For Service of Process)
6. 2560 Ox Bottom Road, Tallahassee, Florida 32312
(The Mailing Address of the Limited Partnership)
7. The partnership is a limited liability limited partnership.

8. NAME OF GENERAL PARTNER	SPECIFIC ADDRESS
Sue C. Boynton, Trustee of the Sue C. Boynton Revocable Trust Agreement dated July 21, 1994, as amended	2560 Ox Bottom Road Tallahassee, Florida 32312

SIGNED this 20th day of December, 2006.

Signature of all General Partners:


SUE C. BOYNTON, Trustee of the Sue C. Boynton Revocable Trust Agreement dated July 21, 1994, as amended
(General Partner)

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