

AG6000001514

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

06 DEC 22 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Santa Fe Crane &
Rigging LTD

FILED
06 DEC 22 AM 10:32
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

☒ Art of Inc. File

☐ LTD Partnership File

☐ Foreign Corp. File

☐ L.C. File

☐ Fictitious Name File

☐ Trade/Service Mark

☐ Merger File

☐ Art. of Amend. File

☐ RA Resignation

☐ Dissolution / Withdrawal

☒ Annual Report / Reinstatement

☒ Cert. Copy

☒ Photo Copy

☒ Certificate of Good Standing

☐ Certificate of Status

☐ Certificate of Fictitious Name

☐ Corp Record Search

☐ Officer Search

☐ Fictitious Search

☐ Fictitious Owner Search

☐ Vehicle Search

☐ Driving Record

☐ UCC 1 or 3 File

☐ UCC 11 Search

☐ UCC 11 Retrieval

☐ Courier

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

FILED
06 DEC 22 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Santa Fe Crane & Rigging, 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. 6740 Highway Avenue
(Street address of initial designated office)

Jacksonville, FL 32254

3. Moseley, Prichard, Parrish, Knight & Jones
(Name of Registered Agent for Service of Process)

4. 501 West Bay Street
(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.*

Moseley, Prichard, Parrish, Knight & Jones

By

Richard K. Jones
Signature of Registered Agent

6. 6740 Highway Avenue
(Mailing address of initial designated office)

Jacksonville, FL 32254

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

8. Name and business address of each general partner:

Name:

Business Address:

Jax Crane, LLC

6740 Highway Avenue

L06000115458

Jacksonville, FL 32254

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

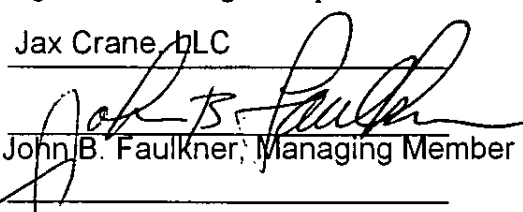
(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 21 day of December, 2006

Signature of each general partner:

Jax Crane, LLC

By


John B. Faulkner, Managing Member

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75