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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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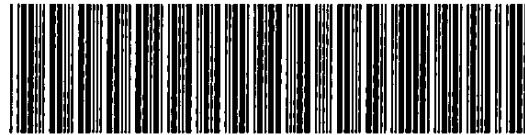
(Business Entity Name)

(Document Number)

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12/06/06--01057--004 \*\*1000.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JAN 11 AM 11:47

W06-52844  
J. BRYAN DEC -7 2006

J. BRYAN

JAN 12 2007

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Collings and Collings Family Limited Partnership  
(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:

Leonard C. Collings  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

Box 725  
(Address)

Tavernier Florida 33070  
(City, State and Zip Code)

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For further information concerning this matter, please call:

Ray Collings at ( 305 ) 393-1043  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

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

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2006

LEONARD C. COLLINGS  
PO BOX 725  
TAVERNIER, FL 33070

SUBJECT: COLLINGS AND COLLINGS FAMILY LIMITED PARTNERSHIP  
Ref. Number: W06000052844

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We have received your document for COLLINGS AND COLLINGS FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

We didn't receive the document until 12/06/2006,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 406A00070038

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

1. Collings and Collings Family Limited Liability Limited Partnership

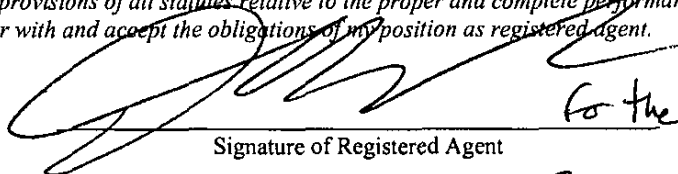
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

2. 160 Strambol Drive Islamorada FL 33086  
(Street address of initial designated office)

3. Vernis & Bowling at the Florida Keys PA.  
(Name of Registered Agent for Service of Process)

4. 81990 Overseas Highway Islamorada  
(Florida street address for Registered Agent)  
Florida 33036

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.

  
for the Firm  
Signature of Registered Agent

6. PO Box 725 Tavernier FL 33070  
(Mailing address of initial designated office)

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:

Leonard Collings

972 Kenilworth Drive

Clawson Michigan

48017

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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 20<sup>th</sup> day of November, 2006.

Signature of each general partner:

Leonard C. Collings  
Leonard C. Collings

Karen A. Warren  
KAREN A. WARREN  
Notary Public, Oakland County, MI  
My Commission Expires Mar. 1, 2008

NATIONAL CITY BANK #333  
ATTN: KAREN WARREN R-J08  
150 N. MAIN STREET  
CLAWSON, MI 48017

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**