

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 17 PM 3:46

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Senior mortgages
(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:

Kimberly Turner
(Contact Person)

Senior mortgages
(Firm/Company)

9095 spy glass Hill Rd
(Address)

Viera Florida 32940
(City, State and Zip Code)

For further information concerning this matter, please call:

Kimberly Turner at (321) 253-6333
(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

Effective Date

1/17/07

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

1. Senior mortgages 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. 8085 Spyglass Hill Road
(Street address of initial designated office)

Viera FL 32940

3. Kimberly Turner
(Name of Registered Agent for Service of Process)

4. 4108 San Beluya Way
(Florida street address for Registered Agent)

Rockledge FL 32955

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.

Kimberly Turner
Signature of Registered Agent

6. 8085 Spyglass Hill Road
(Mailing address of initial designated office)

Viera FL 32940

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:

Daryl Turner

8085 spyglass Hill Road
Viera Florida 32940

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

1/17/ 2007

(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 11 day of January, 2007.

Signature of each general partner:

Kimberly Turner

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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