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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

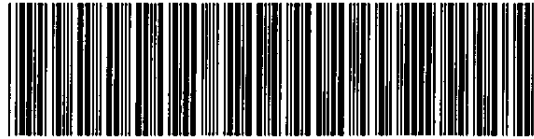
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Albany Westwind, 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:

Myrna A. Hanson
(Contact Person)

Myrna A. Hanson P.A.
(Firm/Company)

5050 San Pablo Road South
(Address)

Jacksonville, Florida 32224
(City, State and Zip Code)

For further information concerning this matter, please call:

Myrna A. Hanson at **(904) 223-4140**
(Name of Contact Person) (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 Status Certificate of
Fee)

**** Check for \$1,122.50 enclosed for filing fee of (\$1,000.00) and two (2)
Certified Copies and two (2) Certificates 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

CR2E030 (01/06)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. **Albany Westwind, 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. **5001 Phillips Highway, #7B**

(Street address of initial designated office)

Jacksonville, Florida 32207

3. **Kenneth Drummond**

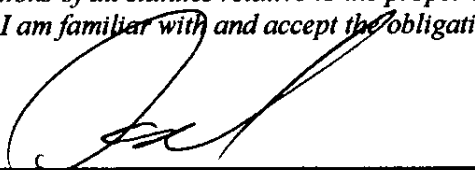
(Name of Registered Agent for Service of Process)

4. **5001 Phillips Highway, #7B**

(Florida street address for Registered Agent)

Jacksonville, Florida 32207

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. **5001 Phillips Highway, #7B**

(Mailing address of initial designated office)

Jacksonville, Florida 32207

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

SECRETARY OF STATE
JACKSONVILLE, FLORIDA

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8. Name and business address of each general partner:

Name:

Property Planning, Inc., a Florida
Corporation

Business Address:

507608
5001 Phillips Highway, #7B
Jacksonville, Florida 32207

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 15th day of March, 2007.

Signature of each general partner:

Property Planning, Inc., a Florida corporation

By: _____

A. T. Parsons, Jr.
President

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

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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TALLAHASSEE FLORIDA