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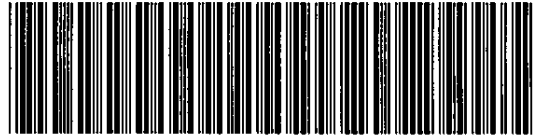
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
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CONTACT: RICKY SOTO

DATE: 04/09/2007

REF. #: 000672.66847

CORP. NAME: MAGNOLIA ISLAND, LLLP

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- ☐ ARTICLES OF INCORPORATION ☐ ARTICLES OF AMENDMENT ☐ ARTICLES OF DISSOLUTION
☐ ANNUAL REPORT ☐ TRADEMARK/SERVICE MARK ☐ FICTITIOUS NAME
☐ FOREIGN QUALIFICATION ☒ LIMITED LIABILITY LIMITED PARTNERSHIP
☐ REINSTATEMENT ☐ MERGER ☐ WITHDRAWAL
☐ CERTIFICATE OF CANCELLATION
☐ OTHER:

STATE FEES PREPAID WITH CHECK# 520806 FOR \$ 1,008.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- ☐ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING ☒ PLAIN STAMPED COPY
☒ CERTIFICATE OF STATUS

Examiner's Initials

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 APR -9 AM 11:54
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

**CERTIFICATE OF LIMITED PARTNERSHIP OF
MAGNOLIA ISLAND, LLLP**

FILED
07 APR -9 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership (the "Partnership") under the laws of the State of Florida:

1. Name of the Partnership. The name of the Partnership shall be **MAGNOLIA ISLAND, LLLP**.

2. Address of Designated Office; Agent for Service of Process. The records to be kept pursuant to *Florida Statutes* Section 620.1111 shall be located at 33415 Kieta Rd, SAN ANTONIO, FL. 33576, and the name of the Partnership's agent for service of process at said address is **Brightman S. Logan**.

3. Name and Address of the General Partner. The name and address of the General Partner of the Partnership are as follows:

Name

Brightman S. Logan

Address

P.O. Box 1045 33415 Kieta Rd
SAN ANTONIO, FL 33576

4. Mailing Address for the Partnership. The mailing address for the Partnership shall be c/o **Brightman S. Logan, P.O. Box 1045, San Antonio, Florida 33576**.

5. Term. The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate of Limited Partnership with the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Liability Limited Partnership Agreement for **MAGNOLIA ISLAND, LLLP**.

6. Limited Liability Limited Partnership. The Partnership elects to be a limited liability limited partnership.

DATED this 4th day of April, 2007.

GENERAL PARTNER:


BRIGHTMAN S. LOGAN

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Date: April 4, 2007


BRIGHTMAN S. LOGAN