

AG7000000598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

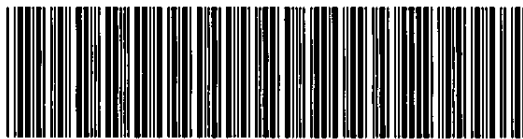
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100095515721

FILED  
07 APR 19 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
07 APR 19 PM 12:17  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 856673 4323958

AUTHORIZATION

COST LIMIT : \$ 1052.50

FILED  
07 APR 19 PM 3:40  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

ORDER DATE : April 18, 2007

ORDER TIME : 11:07 AM

ORDER NO. : 856673-005

CUSTOMER NO: 4323958

DOMESTIC FILING

NAME: JOHANNESON ENTERPRISES  
LIMITED PARTNERSHIP

EFFECTIVE DATE:

       ARTICLES OF INCORPORATION  
XX        CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX        CERTIFIED COPY  
              PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: \_\_\_\_\_

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

**FILED**  
07 APR 19 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. JOHANNESON ENTERPRISES 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. 820 West Copeland Drive  
(Street address of initial designated office)

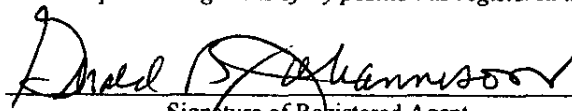
Marco Island, Florida 34145

3. Gerald B. Johanneson  
(Name of Registered Agent for Service of Process)

4. 820 West Copeland Drive  
(Florida street address for Registered Agent)

Marco Island, Florida 34145

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. 820 West Copeland Drive  
(Mailing address of initial designated office)

Marco Island, Florida 34145

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:

GB Johanneson Ventures GP, Inc.

820 W. Copeland Dr.

Marco Island, FL 34145

P07000037587

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 1st day of December, 2006.

Signature of each general partner:

By: Gerald B. Johanneson

Gerald B. Johanneson, President of  
GB Johanneson Ventures GP, Inc., General Partner

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**

Page 2 of 2