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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Special Instructions to Filing Officer

*[Handwritten signature]*

Office Use Only



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05/21/07--01033--017 \*\*1061.25

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07 MAY 21 PM 1:21 07 MAY 21 PM 4:59  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATE  
SECRETARY OF STATE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLACKLIDGE INSURANCE HOLDINGS, LLLP  
(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:

Raymond M. Blacklidge, JD FIC

(Contact Person)

(Firm/Company)

28810 Falling Leaves Way

(Address)

Wesley Chapel, FL 33543-5761

(City, State and Zip Code)

For further information concerning this matter, please call:

Raymond M. Blacklidge at ( 727 ) 422-9240

(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

CR2E030 (01/06)

**FILED**  
07 MAY 21 PM 4:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. BLACKLIDGE INSURANCE HOLDINGS, LLLP

(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. 28810 Falling Leaves Way, Wesley Chapel, FL 33543-5761

(Street address of initial designated office)

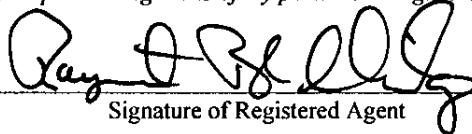
3. Raymond M. Blacklidge, Esquire

(Name of Registered Agent for Service of Process)

4. 28810 Falling Leaves Way, Wesley Chapel, FL 33543-5761

(Florida street address for Registered Agent)

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. 28810 Falling Leaves Way, Wesley Chapel, FL 33543-5761

(Mailing address of initial designated office)

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

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

8. Name and business address of each general partner:

Name:

Business Address:

Raymond M. Blacklidge, JD FIC

28810 Falling Leaves Way

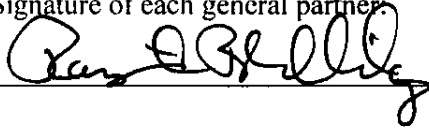
Wesley Chapel, FL 33543-5761

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 17th day of May, 2007.

Signature of each 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**