

A07 000000824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

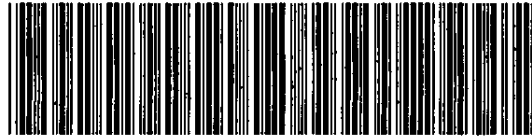
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

A07-824



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07 JUN 26 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LAW OFFICE OF  
**FRED M. CONE, P.A.**  
c/o 50 North Laura Street, Suite 2600  
JACKSONVILLE, FL 32202

FRED M. CONE, JR.

June 25, 2007

TELEPHONE  
(904) 598-6108  
TELECOPIER  
(904) 598-6208  
E-MAIL  
fccone@sgrlaw.com

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Hawes Family, LP**

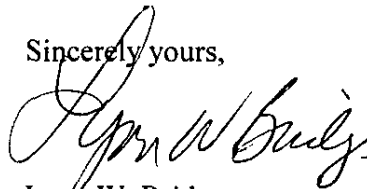
Dear Sir or Madam:

Enclosed please find the following documents in connection with the registration of the above-reverenced limited partnership.

1. Certificate of Limited Partnership for Florida Limited Partnership and copy for certification; and
2. A check in the amount of \$1,061.25 to cover the filing fee, certified copy and certificate of status.

Your assistance in this matter is appreciated. A self-addressed, stamped envelope is enclosed for your use in returning the documents to this office for our client. Should you have any questions or comments regarding the above, please do not hesitate to contact me.

Sincerely yours,



Lynn W. Bridges  
Legal Assistant

lb  
Enc.  
cc: Deborah Pearce (ltr only)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HAWES FAMILY, LP  
(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:

Fred M. Cone, Jr., Esq.  
(Contact Person)

Fred M. Cone, P.A.  
(Firm/Company)

50 N. Laura Street, Suite 2600  
(Address)

Jacksonville, FL 32202  
(City, State and Zip Code)

For further information concerning this matter, please call:

Lynn Bridges at ( 904 ) 598-6108  
(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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. HAWES FAMILY, LP

(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. 6015 SW 35th Way  
(Street address of initial designated office)

Gainesville, FL 32608

3. JAMES D. SALTER  
(Name of Registered Agent for Service of Process)

4. 3940 NW 16th Boulevard, Bldg. B.  
(Florida street address for Registered Agent)

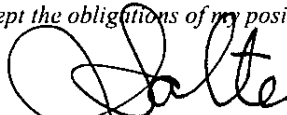
Gainesville, FL 32635-7399

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TALLAHASSEE FLORIDA

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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 James D. Salter

6. 6015 SW 35th Way  
(Mailing address of initial designated office)

Gainesville, FL 32608

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:

HAWES FAMILY, INC.

c/o Deborah H. Pearce, President

240 N. Bridge Creek Drive

Switzerland, FL 32259

Port 066073819

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TALLAHASSEE, FLORIDA

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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 25 day of June, 2007.

Signature of each general partner:

Hawes Family, Inc.

Deborah H. Pearce

By: Deborah H. Pearce, President

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75