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(Address)

(City/State/Zip/Phone #)

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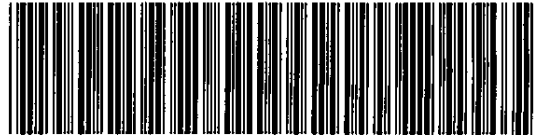
(Business Entity Name)

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DIVISION OF CORPORATIONS
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J. BRYAN
JAN - 4 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHARLES WAYNE MCFATTER FAMILY LIMITED PARTNERSHIP
(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:

CHARLES W. MCFATTER, MD

(Contact Person)

(Firm/Company)

4117 INDIAN BAYOU NORTH

(Address)

DESTIN, FLORIDA 32541

(City, State and Zip Code)

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For further information concerning this matter, please call:

Charles W. McFatter

(Name of Contact Person)

at (850) 654-6966

(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)

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

1. CHARLES WAYNE MCFATTER FAMILY 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. 4117 INDIAN BAYOU NORTH

(Street address of initial designated office)

DESTIN, FLORIDA 32541

3. Charles W. McFatter

(Name of Registered Agent for Service of Process)

4. 4117 INDIAN BAYOU NORTH

(Florida street address for Registered Agent)

DESTIN, FLORIDA 32541

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.*

Charles W. McFatter

Signature of Registered Agent

6. 4117 INDIAN BAYOU NORTH

(Mailing address of initial designated office)

DESTIN, FLORIDA 32541

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

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8. Name and business address of each general partner:

Name:

Business Address:

Charles W. McFatter

P.O.Box 870

Destin, Florida 32540

Catherine Kay McFatter

P.O.Box 870

Destin, Florida 32540

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9. Effective date, if other than the date of filing: January 1, 2008

(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 7th day of December, 2007

Signature of each general partner:

Charles W. McFatter
Catherine K. McFatter

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75