

A08000000039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W07-64664

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500113154755

12/19/07--01028--032 **1061.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

A. LUNT

JAN 11 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2007

BENJAMIN S. ARMSTRONG
MCNAB & ARMSTRON, P.C.
200 PARKWEST CIR. STE 2
DOTHAN, AL 36303

SUBJECT: KENNETH ADKISON
Ref. Number: W07000061464

We have received your document for KENNETH ADKISON and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited partnership must contain an acceptable suffix. Acceptable limited partnership suffixes include: Limited Partnership, Limited L.P., Ltd., or LP.

The name of the limited partnership should be on line #1.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 507A00071031

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TALLAHASSEE, FLORIDA

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McNAB & ARMSTRONG, P.C.
ATTORNEYS AT LAW

200 PARKWEST CIRCLE, SUITE 2, DOTHAN, ALABAMA 36303
TELEPHONE (334) 793-2629 • FAX (334) 793-5144

F. MITCH McNAB
BENJAMIN S. ARMSTRONG*
*Licensed in Alabama and Florida

MAILING ADDRESS:
P. O. Box 5612
DOTHAN, ALABAMA 36302

January 2, 2008

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

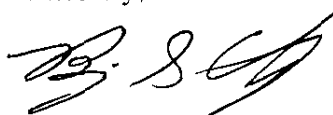
RE: ADKISON FAMILY LIMITED PARTNERSHIP

To Whom It May Concern:

Enclosed you will find the corrected Certificate of Limited Partnership to show the correct name, "Adkison Family Limited Partnership".

If you have any questions or require anything further, you may contact me at the number shown above.

Sincerely,


Benjamin S. Armstrong

BSA

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADKISON 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:

BENJAMIN S. ARMSTRONG

(Contact Person)

MCNAB & ARMSTRONG, P.C.

(Firm/Company)

200 PARKWEST CIRCLE, STE 2

(Address)

DOTHAN, AL 36303

(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BENJAMIN S. ARMSTRONG at (334) 793-2629

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$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. ADKISON 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. 224-A HIGHWAY 273

(Street address of initial designated office)

CHIPLEY, FLORIDA 32428

3. KENNETH ADKISON


(Name of Registered Agent for Service of Process)

4. 224-A HIGHWAY 273

(Florida street address for Registered Agent)

CHIPLEY, FLORIDA 32428

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. 224-A HIGHWAY 273

(Mailing address of initial designated office)

CHIPLEY, FLORIDA 32428

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

KENNETH ADKISON

224-A HIGHWAY 273

CHIPLEY, FLORIDA 32428

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TALLAHASSEE, FLORIDA

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 14 day of DECEMBER, 2007

Signature of each general partner:

Kenneth Adkison

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75