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B. KOHR  
JAN 25 2008  
EXAMINER

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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TURTLE HATCH PARTNERS, LP

- ☐ Art of Inc. File \_\_\_\_\_
- ☒ LTD Partnership File \_\_\_\_\_
- ☐ Foreign Corp. File \_\_\_\_\_
- ☐ L.C. File \_\_\_\_\_
- ☐ Fictitious Name File \_\_\_\_\_
- ☐ Trade/Service Mark \_\_\_\_\_
- ☐ Merger File \_\_\_\_\_
- ☐ Art. of Amend. File \_\_\_\_\_
- ☐ RA Resignation \_\_\_\_\_
- ☐ Dissolution / Withdrawal \_\_\_\_\_
- ☐ Annual Report / Reinstatement \_\_\_\_\_
- ☐ Cert. Copy \_\_\_\_\_
- ☒ Photo Copy \_\_\_\_\_
- ☐ Certificate of Good Standing \_\_\_\_\_
- ☐ Certificate of Status \_\_\_\_\_
- ☐ Certificate of Fictitious Name \_\_\_\_\_
- ☐ Corp Record Search \_\_\_\_\_
- ☐ Officer Search \_\_\_\_\_
- ☐ Fictitious Search \_\_\_\_\_
- ☐ Fictitious Owner Search \_\_\_\_\_
- ☐ Vehicle Search \_\_\_\_\_
- ☐ Driving Record \_\_\_\_\_
- ☐ UCC 1 or 3 File \_\_\_\_\_
- ☐ UCC 11 Search \_\_\_\_\_
- ☐ UCC 11 Retrieval \_\_\_\_\_

Signature \_\_\_\_\_

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1/25  
Date

1:00  
Time

Name

**CERTIFICATE OF LIMITED PARTNERSHIP**

**FOR**

**TURTLE HATCH PARTNERS, LP**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, under the provisions of Chapter 620 of the Florida Statutes (the "Act"), for the purpose of forming a limited partnership under the laws of the State of Florida, do set forth the following:

**1. Name.**

The name of the limited partnership is TURTLE HATCH PARTNERS, LP (hereinafter referred to as the "Limited Partnership").

**2. Period of Duration.**

Unless earlier terminated under the Act or the Partnership Agreement, the period of duration of the Limited Partnership shall be perpetual.

**3. Purpose.**

The purpose for which the Limited Partnership is organized is to engage in any and all business and activities permitted by the Act and any other applicable laws of the State of Florida. The Limited Partnership shall have all of the powers vested in a limited partnership organized and existing by virtue of such laws.

**4. Address Of Place Of Business.**

The mailing address for the Limited Partnership is 523 Turtle Hatch Lane, Naples, Florida, 34103, and the street address of the designated office for the Limited Partnership is 523 Turtle Hatch Lane, Naples, Florida, 34103. These addresses may be changed from time to time as provided in the Partnership Agreement.

**5. Registered Agent.**

The initial registered agent in Florida for the Limited Partnership is Walter L. Ballard, Jr., an individual who is a resident of the State of Florida, and the street address of the initial registered office is 523 Turtle Hatch Lane, Naples, Florida, 34103.

**6. Capital Contributions.**

Contributions to the capital of the Limited Partnership shall be made by the partners, in the manner prescribed by the written Partnership Agreement made and entered into by the partners and which may be amended from time to time in accordance with its terms.

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
TURTLE HATCH PARTNERS, LP**

**7. Partners.**

The Limited Partnership shall have at least two partners and may admit additional partners on the prior unanimous written agreement of the then-existing partners, or as otherwise provided in the Partnership Agreement.

**8. General Partner.**

The name and business address of each General Partner is:

Turtle Hatch Lane Management, LLC  
523 Turtle Hatch Lane  
Naples, Florida 34103d

LU8UWU08568

IN WITNESS THEREOF, I, Patricia Ballard, Manager of Turtle Hatch Lane Management, LLC, the General Partner, have signed this Certificate of Limited Partnership this 24 day of January, 2008.



Patricia Ballard, Manager  
Turtle Hatch Lane Management, LLC  
General Partner

STATE OF FLORIDA  
COUNTY OF LEE

The foregoing instrument was acknowledged before me on the 24 day of January, 2008, by Patricia Ballard, Manager of Turtle Hatch Lane Management, LLC, the General Partner, who ( ) is personally known to me or (X) produced Florida Driver License as identification.



Sueann M. Zornes  
Notary Public — State of Florida  
(name, typed or printed).....

(Seal)

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for the above stated limited partnership at the place designated in this statement. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent under Chapter 620, Florida Statutes.

By: Walter L. Ballard, Jr.  
Walter L. Ballard, Jr.

Date: 1/24/08