

A080000000127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

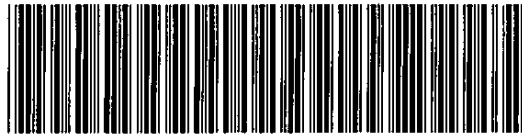
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DIVISION OF CORPORATION
08 FEB -5 PM 1:38

EPH.

W08-3998

G. MCLEOD

FEB 07 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHIELDS ST MARKS PARTNERSHIP, LTD
(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 C. SHIELDS, JR.

(Contact Person)

SHIELDS MARINA

(Firm/Company)

97 RIVERSIDE DR

(Address)

ST MARKS, FLORIDA 32355

(City, State and Zip Code)

For further information concerning this matter, please call:

Charles Shields

(Name of Contact Person)

at (

850)

566-3744

(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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Division of Corporations
- P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (01/06)

1-18-08
#13550

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

1. SHIELDS ST MARKS PARTNERSHIP, LTD

(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. 97 RIVERSIDE DRIVE
(Street address of initial designated office)

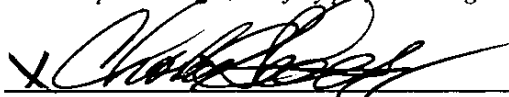
ST MARKS, FLORIDA 32355

3. CHARLES C. SHIELDS, JR.
(Name of Registered Agent for Service of Process)

4. 97 RIVERSIDE DR
(Florida street address for Registered Agent)

ST MARKS, FL 32355

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. 97 RIVERSIDE DR
(Mailing address of initial designated office)

ST MARKS, FLORIDA 32355

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

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DIVISION OF CORPORATION

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8. Name and business address of each general partner:

Name:

Business Address:

CHARLES C. SHIELDS, JR

97 RIVERSIDE DR.

ST MARKS, FL 32355

PAMELA G. SHIELDS

97 RIVERSIDE DR

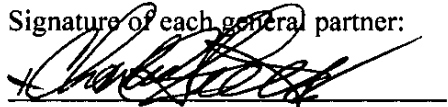
ST MARKS, FL 32355

9. Effective date, if other than the date of filing: Feb 5, 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 x 30 day of November, 2007.

Signature of each general partner:



CHARLES C. SHIELDS, JR.



PAMELA G. SHIELDS

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75