

A0800000272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

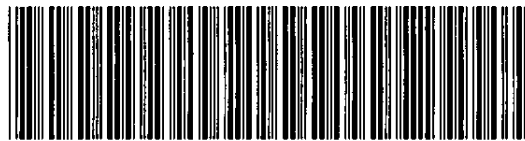
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 MAR 13 AM 10:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 MAR 13 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N.  MAR 13 2008



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 484229 7407027

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : March 13, 2008

ORDER TIME : 9:55 AM

ORDER NO. : 484229-010

CUSTOMER NO: 7407027

DOMESTIC FILING

NAME: PAUL COLTON VILLAS, LLLP

EFFECTIVE DATE:

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

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

FILED
08 MAR 13 AM 11:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. PAUL COLTON VILLAS, LLLP

(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. 430 S. Hartsell Avenue, Lakeland, Florida 33815-4502

(Street address of initial designated office)

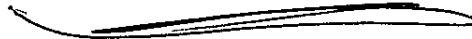
3. BERNICE S. SAXON, ESQ.

(Name of Registered Agent for Service of Process)

4. 201 E. KENNEDY BOULEVARD, SUITE 600, TAMPA, FL 33602

(Florida street address for Registered Agent)

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. 430 S. Hartsell Avenue, Lakeland, Florida 33815-4502

(Mailing address of initial designated office)

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:

Paul Colton Villas GP, Inc.

430 S. Hartsell Avenue

P08-24311

Lakeland, Florida 33815-4502

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 11th day of March, 2008.

Signature of each general partner:

Paul Colton Villas GP, Inc.

By:

Herbert Hernandez, President

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75