

A08000000 584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

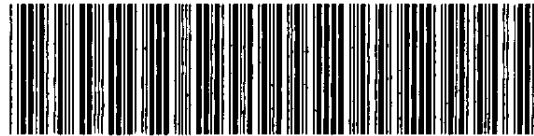
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/05/08--01023--025 **1000.00

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08 JUN -5 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. Thomas JUN 06 2008

SCOGGINS
ATTORNEYS AT LAW GOODMAN

Susan Ford
sford@sgpc.com

Direct Dial:
404.420.5706

June 4, 2008

BY FEDERAL EXPRESS
850-245-6051

Florida Secretary of State
Division of Corporations
2661 Executive Center Circle West
Tallahassee, Florida 32301

Re: *Filing Certificate of Limited Partnership of Sofran Eustis, Ltd.*

Ladies and Gentlemen:

I am enclosing the following:

1. The original and one (1) photocopy of the Certificate of Limited Partnership of Sofran Eustis, Ltd.
2. A check in the amount of \$1,000.00 to cover the following fees:
 - a. Filing (\$965.00); and
 - b. Registered Agent Fee (\$35.00).

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TALLAHASSEE, FLORIDA

Please return a copy of the filed Certificate of Limited Partnership to me in the enclosed Federal Express envelope.

If you have any questions, please contact me, either by phone or e-mail, as shown above. Thank you!

Sincerely,



Susan Ford
Paralegal

SF/la
Enclosures

cc: Sofran Eustis, Ltd. (By E-Mail)
Suzan E. Roth, Esq.

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

1. Sofran Eustis, 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. 4312 Pablo Professional Court

(Street address of initial designated office)

Jacksonville, Florida 32224

3. Mr. Robert Rouleau

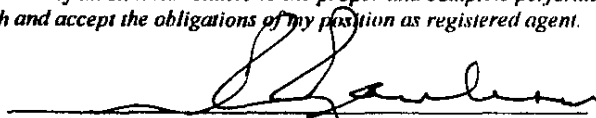
(Name of Registered Agent for Service of Process)

4. 4312 Pablo Professional Court

(Florida street address for Registered Agent)

Jacksonville, Florida 32224

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. 4312 Pablo Professional Court

(Mailing address of initial designated office)

Jacksonville, Florida 32224

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:

The Sofran Corporation

4312 Pablo Professional Court

P00441

Jacksonville, Florida 32224

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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 18th day of April, 2008.

Signature of each general partner:

THE SOFRAN CORPORATION, a Delaware corporation

By: 
Robert Rouleau, President

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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