

AUG0000000987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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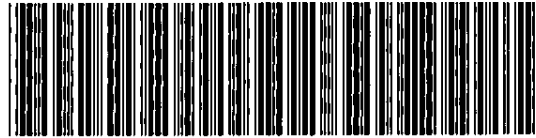
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08 DEC - 2 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

DEC - 3 2008

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **BOWDEN ~~FAMILY~~ 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:

**JULIE SCHULZ**

(Contact Person)

**GUILDAY, TUCKER, SCHWARTZ & SIMPSON**

(Firm/Company)

**1983 CENTRE POINTE BLVD. #200**

(Address)

**TALLAHASSEE FL 32308**

(City, State and Zip Code)

For further information concerning this matter, please call:

**JULIE SCHULZ**

at ( **850** ) **224-7091**

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,<br>Certified Copy, and<br>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

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08 DEC -2 PM 1:15

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 DEC -2 AM 8:45  
TALLAHASSEE, FLORIDA

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

1. BOWDEN FAMILY 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. 2120 KILLEARNY WAY, TALLAHASSEE FL 32309

(Street address of initial designated office)

3. CLAUDE R. WALKER

(Name of Registered Agent for Service of Process)

c/o GUILDAY, TUCKER, SCHWARTZ & SIMPSON, P.A.

4. 1983 CENTRE POINTE BLVD., SUITE 200

(Florida street address for Registered Agent)

TALLAHASSEE FL 32308

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. 2120 KILLERNEY WAY, TALLAHASSEE FL 32309

(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:

SIDELINE VENTURES, LLC

105 MARKET STREET, STE 306

CARILLON BEACH, FL 32413

L03000029699

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 26<sup>th</sup> day of November, 2008.

Signature of each general partner:

ⓧ Robert C. Bowden  
ROBERT C. BOWDEN, Managing Member

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**