

A 08000001031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

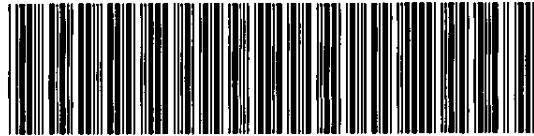
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400138879284

12/15/08--01004--014 **1221.25

RECEIVED
08 DEC 15 AM 11:19
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

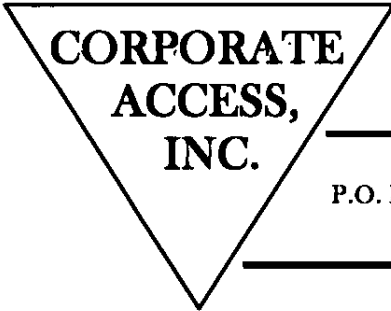
FILED
08 DEC 15 PM 3:45
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

DEC 15 2008

EXAMINER

\$ 1061.25



When you need ACCESS to the world

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP: 12/16/08 Emily

FILED
08 DEC 15 PM 3:45
TALLAHASSEE, FLORIDA

☒ CERTIFIED COPY

☐ PHOTOCOPY

☒ CUS

☒ FILING

GS

LP

1. The Alice S. Barrett Family Limited Partnership No. 1
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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

FILED
08 DEC 15 PM 3:45
TALLAHASSEE, FLORIDA
CLERK OF STATE

1. The Alice S. Barrett Family Limited Partnership No. 1

(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. 6410 Woodbrook Lane

(Street address of initial designated office)

Houston, Texas 77008

3. Richard O. Jones

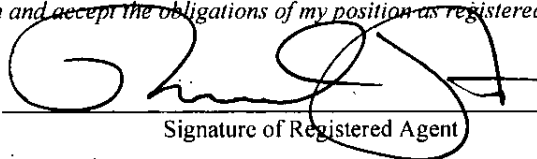
(Name of Registered Agent for Service of Process)

4. 1250 West Eau Gallie Boulevard, Suite K

(Florida street address for Registered Agent)

Melbourne, Florida 32935

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. 6410 Woodbrook Lane

(Mailing address of initial designated office)

Houston, Texas 77008

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

RECEIVED
TALLAHASSEE, FLORIDA
CLERK OF STATE

(DO NOT WRITE IN THESE SPACES)

8. Name and business address of each general partner:

Name:

Business Address:

Alice S. Barrett

6410 Woodbrook Lane

Houston, Texas 77008

A. S. Barrett Consulting, LLC

6410 Woodbrook Lane

Houston, Texas 77008

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 5TH day of DECEMBER, 2008.

Signature of each general partner:

Alice S Barrett

Alice S Barrett

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75