

A0800000001058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dalone Residential, L.P.
(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:

Arthur A. Dalone
(Contact Person)

Dalone Residential, L.P.
(Firm/Company)

3305 Antigua Drive
(Address)

Punta Gorda FL 33950
(City, State and Zip Code)

For further information concerning this matter, please call:

Arthur A. Dalone at (941) 639 1866
(Name of Contact Person) (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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CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

08 DEC 22 PM 2: 22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Dalene Residential, L.P.

(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. 3305 Antigua Drive
(Street address of initial designated office)

Punta Gorda, FL 33950

3. Arthur A. Dalone
(Name of Registered Agent for Service of Process)

4. 3305 Antigua Drive
(Florida street address for Registered Agent)

Punta Gorda, FL 33950

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.

X Arthur A. Dalone
Signature of Registered Agent

6. 3305 Antigua Drive
(Mailing address of initial designated office)

Punta Gorda, FL 33950

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:

Arthur A. Dalone

3305 Antigua Drive

Punta Gorda, FL 33950

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 December, 2008

Signature of each general partner:

X Arthur A. Dalone

ARTHUR A. DALONE

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

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TALLAHASSEE, FLORIDA

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