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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

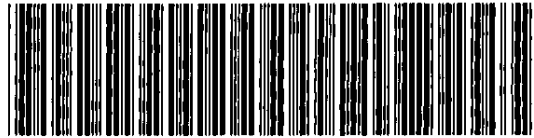
Certified Copies _____

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A. LUNT
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FILED
2009 MAY -6 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SHIPLEY LAW FIRM

ATTORNEY AT LAW
131 WATERMAN AVENUE
MOUNT DORA, FLORIDA 32757-9541
WWW.SHIPLEYLAW.ORG

CHRISTOPHER J. SHIPLEY, ESQ., MBA, CPA

TELEPHONE: (352) 383-3397
FACSIMILE: (352) 383-1364

April 30, 2009

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: The James C. Harris, III and Gene Harris Family Limited Partnership
Our File No. 08-0872s

Dear Sir or Madam:

Enclosed for filing is a Certificate of Limited Partnership for The James C. Harris, III and Gene Harris Family Limited Partnership. We have also enclosed our check in the amount of \$1,000.00 to cover the cost associated with filing the Certificate.

Please call with any questions or comments you may have.

Very truly yours,



Tony Justice
Paralegal for
Christopher J. Shipley

/tj

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The James C. Harris, III and Gene Harris Family Limited Partnership
(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:

Christopher J. Shipley, Esquire

(Contact Person)

Shipley Law Firm

(Firm/Company)

131 Waterman Avenue

(Address)

Mount Dora, Florida 32757

(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Christopher J. Shipley at (352) 383-3397

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fees,
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and
\$35 Registered Agent Status Certificate of Status
Fee)

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)

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

1. The James C. Harris, III and Gene Harris Family Limited Partnership

(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. 22547 Wolf Branch Road, Sorrento, Florida 32776

(Street address of initial designated office)

3. Shipley Law Firm

(Name of Registered Agent for Service of Process)

4. 131 Waterman Avenue, Mount Dora, Florida 32757

(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. 22547 Wolf Branch Road, Sorrento, Florida 32776

(Mailing address of initial designated office)

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

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TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

James C. Harris, III

22547 Wolf Branch Road

Sorrento, Florida 32776

Gene Harris

22547 Wolf Branch Road

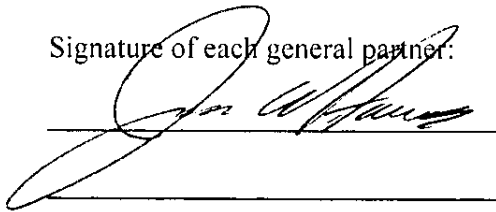
Sorrento, Florida 32776

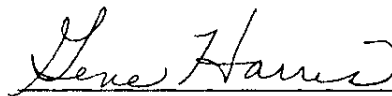
9. Effective date, if other than the date of filing: _____

(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 29 day of April, 2009

Signature of each general partner:





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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