

AD9000000523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

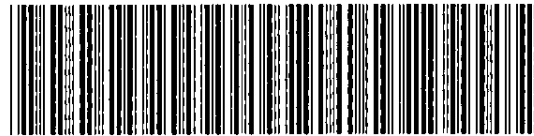
Special Instructions to Filing Officer:

Office Use Only

D. BRUCE

JUL 23 2009

EXAMINER



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09 JUL 23 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 7/23/09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GEORGIA P. DAHL INVESTMENTS, LLLP
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:

ANN BLACK

Contact Person

SMITH, THOMPSON, SHAW & MANAUSA, P.A.

Firm/Company

3520 THOMASVILLE RD., 4TH FLOOR

Address

TALLAHASSEE, FLORIDA 32309

City, State and Zip Code

annh@stslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANN BLACK

Name of Contact Person

at (850) 893-4105

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. GEORGIA P. DAHL INVESTMENTS, LLLP

(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. 3520 THOMASVILLE RD., 4TH FLOOR
(Street address of initial designated office)

TALLAHASSEE, FLORIDA 32309

3. W. CRIT SMITH
(Name of Registered Agent for Service of Process)

4. 3520 THOMASVILLE RD., 4TH FLOOR
(Florida street address for Registered Agent)

TALLAHASSEE, FLORIDA 32309

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. 3520 THOMASVILLE RD., 4TH FLOOR
(Mailing address of initial designated office)

TALLAHASSEE, FLORIDA 32309

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

EFFECTIVE DATE 7/23/09

8. Name and business address of each general partner:

Name:

Business Address:

LEE ANN RICE

456 GAINSBORO ROAD

DREXEL HILL, PA 19026

WALTER C. SMITH

3520 THOMASVILLE RD., 4TH FLOOR

TALLAHASSEE, FL 32309

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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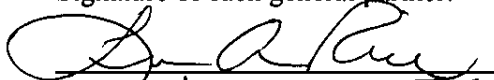
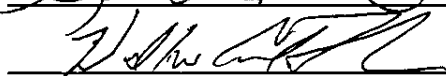
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9. Effective date, if other than the date of filing: JULY 23, 2009

(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 21st day of JULY, 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