A09000000839

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000252266 3)))

H09000252266ABC%

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

RECEIVED
09 DEC -4 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LP/LLLP**

**MARGARET CARTER GODFREY FAMILY PARTNERS, LP**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | $1,000.00 |

FILED
09 DEC -4 AM 7:59
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON
DEC - 7 2009
EXAMINER

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

1. MARGARET CARTER GODFREY FAMILY PARTNERS, 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. 1121 CRANDON BLVD. # D408
(Street address of initial designated office)
KEY BISCAYNE, FL 33149

3. Corporation Service Company
(Name of Registered Agent for Service of Process)

4. 1201 Hays Street
(Florida street address for Registered Agent)
Tallahassee, FL 32301

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 an accept the obligations of my position as registered agent.*

Corporation Service Company
By: [signature] Matthew Young as its agent
Signature of Registered Agent

6. _____
(Mailing address of initial designated office)

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -4 AM 7:59

8. Name and business address of each general partner:

| Name: | Business Address: |
|---|---|
| EWART CLYDE GODFREY | 1121 CRANDON BLVD<br>KEY BISCAYNE, FL 33149 |
| MAUREEN J. JAUREGUI | 365 HEATHER LANE<br>KEY BISCAYNE, FL 33149 |
| | |
| | |
| | |
| | |
| | |
| | |

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 1ST day of DECEMBER, 2009.

Signature of each general partner:

Ewart Clyde Godfrey

Maureen J. Jauregui

| | |
|---|---|
| **Filing Fees:** | **$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee) |
| **Certified Copy (optional):** | **$52.50** |
| **Certificate of Status (optional):** | **$8.75** |



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -4 AM 7:59