

DEC. 22. 2009

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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.

((H09000262051 3)))



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

From: Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561) 650-0471
Fax Number : (561) 650-0431

L. SELLERS
DEC 23 2009
EXAMINER

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

Email Address: _____

FLORIDA/FOREIGN LP/LLP
WAYNE A. BOYNTON LIMITED LIABILITY LIMITED PARTNERSH

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

FILED
09 DEC 22 AM 8:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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C. 22. 2009 12:01PM

JONES FOSTER JOHNSTON & STUBBS

NO. 047 P. 3

H09000262051 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WAYNE A. BOYNTON LIMITED LIABILITY 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:

THORNTON M. HENRY, ESQ.

Contact Person

JONES FOSTER JOHNSTON & STUBBS, P.A.

Firm/Company

505 S. FLAGLER DRIVE, SUITE 1100

Address

WEST PALM BEACH, FLORIDA, 33401

City, State and Zip Code

DPAYTON@JONES-FOSTER.COM

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

For further information concerning this matter, please call:

DOMINIQUE A. PAYTON, FRP ACP at (561) 650-0427

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)

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JONES FOSTER JOHNSTON & STUBBS PAGE

1/001 NO. 047: Sep. 2r



December 22, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

JONES, FOSTER, JOHNSTON & STUBBS PA

SUBJECT: WAYNE A. BOYNTON LIMITED LIABILITY LIMITED PARTNERSHIP
REF: W09000055284

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

FAX Aud. #: H09000262051
Letter Number: 909A00038778

RECEIVED
09 DEC 22 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. WAYNE A. BOYNTON LIMITED LIABILITY 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. 1898 ARABIAN DRIVE
(Street address of initial designated office)

LOXAHATCHEE, FLORIDA 33470

3. JONES FOSTER SERVICE, LLC
(Name of Registered Agent for Service of Process)

4. 505 SOUTH FLAGLER DRIVE, SUITE 1100
(Florida street address for Registered Agent)

WEST PALM BEACH, FLORIDA 33401

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. 505 SOUTH FLAGLER DRIVE, SUITE 1100
(Mailing address of initial designated office)

WEST PALM BEACH, FLORIDA 33401

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

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8. Name and business address of each general partner:

Name:Business Address:WAYNE A. BOYNTON, Trustee of the
WAYNE A. BOYNTON 2009

1898 ARABIAN DRIVE

REVOCABLE TRUST

WEST PALM BEACH, FLORIDA 33401

9. Effective date, if other than the date of filing: UPON 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 21st day of DECEMBER, 2009

Signature of each general partner:

Wayne A. Boynton, TTEE

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC 22 AM 8:01

FILED

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