

A10000000324

(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



100181591691

06/03/10--01018--006 **1000.00

FILED
10 JUN - 8 PM 12: 21
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Westdale Sundance, Ltd.
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:

Tim Hagen

Contact Person

Glast, Phillips & Murray, P.C.

Firm/Company

13355 Noel Road, Suite 2200

Address

Dallas, TX 75240

City, State and Zip Code

thagen@gpm-law.com

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

For further information concerning this matter, please call:

Tim Hagen

Name of Contact Person

at (972) 419-8373

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

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

FILED
10 JUN -8 PM 12: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Westdale Sundance, Ltd.

(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. 3300 Commerce Street
(Street address of initial designated office)

Dallas, Texas 75226

3. C T Corporation System

(Name of Registered Agent for Service of Process)

1200 South Pine Island Road Plantation, Florida 33324

4. _____
(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. 3300 Commerce Street
(Mailing address of initial designated office)

Dallas, Texas 75226

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:

JGB Ventures I, Ltd.

3300 Commerce Street

B99-154

Dallas, Texas 75226

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 7th day of June, 2010.

Signature of each general partner:

JGB VENTURES I, LTD.,
a Texas limited liability company

By: JGB HOLDINGS INC.,
a Texas corporation - General Partner

By: 

Name: JOSEPH A. G. BEARD
Title: 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

FILED
10 JUN -8 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA