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(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 13 PM 4:27

T. HAMPTON

DEC 14 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IBR FL I, 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:

Jay F. Cook

Contact Person

Law Offices of Jay F. Cook, P.L.

Firm/Company

5150 N Tamiami Trail, Suite 201

Address

Naples, FL 34103

City, State and Zip Code

irussellco@comcast.net

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

For further information concerning this matter, please call:

Jay F. Cook

Name of Contact Person

at (239) 687-2400

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**

1. IBR FL I, 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. 20869 Gleneagles Links Drive

(Street address of initial designated office)

Estero, Florida 33928

3. Ian B. Russell

(Name of Registered Agent for Service of Process)

4. 20869 Gleneagles Links Drive, Estero, Florida 33928

(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. 20869 Gleneagles Links Drive, Estero, Florida 33928

(Mailing address of initial designated office)

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:

IBRCO FL I, LLC

20869 Gleneagles Links Drive

Estero, Florida 33928

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 8th day of December, 2010.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

IBRCO FL I, LLC,
General Partner

By: [Signature]
Ian B. Russell, Manager

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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