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.

(((H11000001387 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: PETERSON & MYERS PA

Account Number : 120080000078

Phone

: (863)676-7611

Fax Number

: (863)455-1317

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

bstrang@610corp.net Email Address:

FLORIDA/FOREIGN LP/LLLP 610 TECH PROPERTIES, LLLP

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$1,061.25

G. MCLEODS Help

Electronic Filing Menu

Corporate Filing Menun - 4 2011

EXAMINER

3

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: 610 Tech Properties, LL	LP.	****	
	Name of Florida Limited Part	nership or Limited Li	ability Lir	nited Partnership
The er	nclosed Certificate of Limited Partners	hip and fees are s	ubmitted	for filing.
Plcasc	return all correspondence concerning	this matter to:		
Kerry	y M. Wilson			
	Contact Person			
Peters	son & Myers, PA			
	Firm/Company			
P.O.	Drawer 7608			
	Address			
Wint	er Haven, FL 33883-7608			
	City, State and Zip Code			
	on@petersonmyers.com			
E-	mail address: (to be used for future annual re	port notification)		
For fu	rther information concerning this mat	ter, please call:		
Kerry	y M. Wilson	at (863)	294-3	360
	Name of Contact Person	Area Code and	Daytime T	elephone Number
Enclos	sed is a check for the following amour	nt:		
^{∟⊥} (\$96	00.00 Filing Fees S1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Filing and Certified Cop	py 🛂	\$1,061.25 Filing Fees, Certified Copy, and Certificate of Status
	ET ADDRESS:	MAILIN		
	tration Section on of Corporations	Registrati Division		
	n Building	P. O. Box	-	Manone
	Executive Center Circle	Tallahass		32314
Tallah	assee, FL 32301			
CR2E0	30 (01/06)			

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CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR 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.P. or LLLP. 2. 200 AVE. B., NW., SUITE 210 (Street address of initial designated office)

3. CARL J. STRANG, III

(Name of Registered Agent for Service of Process)

4. 200 AVE. B., NW, SUITE 210

(Florida street address for Registered Agent)

WINTER HAVEN, FL 33881

5. I hereby accept the appointment as registered agent und 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

P.O. BOX 7378

(Mailing address of initial designated office)

WINTER HAVEN, FLORIDA 33883-7378

1. 610 TECH PROPERTIES, LLLP

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

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8. Name and business address of ea Name:	ach general partner: <u>Business Address:</u>
6/10 CORPORATION	200 Ave. B., NW, Suite 210
	Winter Haven, FL 33881
•	
9. Effective date, if other than the date of	filing:
(Effective date cannot be prior to no filed by the Florida Department of .	or more than 90 days after the date the document is State.)
Signed this <u>3rd</u> day o	of January , 2011
stated herein are true. I/We am/are	We submit this document and affirm that the facts aware that any false information submitted in a te constitutes a third degree felony as provided for in Carl J. Strang, III, President,
1577 J.	6/10 Corporation
DIN V	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Foc and \$35 Registered Agont Fee) \$52.50 \$8.75 Page 2 of 2