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(Requestor's Name)

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(Address)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 12 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Branan Fields, 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:

Herbert T. Sussman

Contact Person

Boyer, Tanzler & Sussman, P.A.

Firm/Company

210 East Forsyth Street

Address

Jacksonville, FL 32202

City, State and Zip Code

herbertsussman@aol.com

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

For further information concerning this matter, please call:

Herbert T. Sussman

Name of Contact Person

at (904)

358-3030

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

CR2E030 (01/06)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Branan Fields, 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. 2380 Sadler Road, Suite 201

(Street address of initial designated office)

Fernandina Beach, FL 32034

3. Health Care Managers, Inc.

(Name of Registered Agent for Service of Process)

4. 2380 Sadler Road, Suite 280

(Florida street address for Registered Agent)

Fernandina Beach, FL 32034

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.*

Health Care Managers, Inc.

By: Steven W. Sell

Signature of Registered Agent

Steven W. Sell, as President

6. 2380 Sadler Road, Suite 201

(Mailing address of initial designated office)

Fernandina Beach, FL 32034

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Five Points Managers, Inc.

2380 Sadler Road, Suite 201

PD00000101309

Fernandina Beach, FL 32034

9. Effective date, if other than the date of filing: N/A

(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, 2011.

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.

Five Points Managers, Inc.

By: Steven W. Sell

Steven W. Sell, as President

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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