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EXAMINER



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11 DEC 29 AM JOE 49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
OTALISM ANASSEE FLORIDA

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

RECEIVED



TORC 29 MONES

ACCOUNT NO. : 12000000195

REFERENCE : 042408 3487A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: December 29, 2011

ORDER TIME : 10:22 AM

ORDER NO. : 042408-005

CUSTOMER NO: 3487A

DOMESTIC FILING

NAME:

MACGRACE 2011-1, LLLP

FILE FIRST

EFFECTIVE DATE: 12/30/2011

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS:

COVER LETTER

10:	Division of Corporation			
	2			6
SUBJ	ECT: MACGRACE 2011-1,		Liability Partnership	<u> </u>
		Name of Emilied i.	ciaomity raithership	Ų.
The en	nclosed Certificate of Limited Pa	rtnership and fee	es are submitted for fi	ling.
Please	e return all correspondence conce	erning this matter	to the following:	
Bruce	e P. Chapnick, Esq.			
	Contact Person			
<u>lcard</u>	, Merrill, Cullis, Timm, Furen & Firm/Company	Ginsburg, P.A.		
2033	Main Street, Suite 600 Address			
Saras	cota, FL 34237 City/State and Zip Code	·	····	
<u>BCha</u>	apnick@icardmerrill.com Email address			
For fu	orther information concerning thi	s matter, please o	call:	
Bruce	P. Chapnick Name of Person	at (<u>941</u>) <u>366-81</u> Area Code and Da	00 lytime Telephone Number	
Enclo	sed is a check for the following a	amount:		
(\$96	000.00 Filing Fees		\$1,052.50 Filing Fees and Certified Copy	□ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status
STRE	EET ADDRESS:		AILING ADDRESS	:
_	tration Section		gistration Section	
	ion of Corporations on Building		vision of Corporatior O. Box 6327	ns

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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



1MACGRACE 2011-1, LLLP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
23587 West Main Street
Wachula, FL 33873
(Street address of initial designated office)
3. Bruce P. Chapnick, Esq.
(Name of Registered Agent for Service of Process)
42033 Main Street, Suite 600
Sarasota, FL 34236
(Florida street address for Registered Agent)
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I furt agree to comply with the provisions of all statutes relative to the proper and complete performation of my duties, and am familiar with and accept the obligations of my positions as registered ago
probyle
Signature of Registered Agent
51351 Breedlove Road
Glenville, NC 28736
(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:

MACGRACE GP 2011-1, LLC

3587 West Main Street

Wachula, FL 33873

L11060144692

9. Effective Date, if other than the date of filing:

December 30, 201

(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 as of December 27, 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 third degree felony as provided for in s. 817.155, F. S.

MACGRACE GP 2011-1, LLC, Its General Partner

Bv:

Patrick E. Carlton, Managing Member

Filing Fee:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75