## 41200000045

(Req	uestor's Name)			
, (Add	ress)			
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(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Bus	iness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	iling Officer:			

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12 JAN 26 PN 3: 05 NGGRELLANY OF STATE TALLAHASSEE, FLORIDA

B. BOSTICE JAN **27** 2012

EXAMINER

## **COVER LETTER**

то:	Registration Section Division of Corporations		
SUBJ	ECT: MONTNEY LP		ited Doutnorship
The e	Name of Florida Limited Partner	tnership or Limited Liability Limship and fees are submitted	
Please	e return all correspondence concerning	g this matter to:	
Robe	ert C. Leithauser, Jr.		
	Contact Person		
c/o M	ontney LP		
	Firm/Company		
5515	5 S. Tamiami Trail		
	Address		<b>2</b>
Sara	sota, FL 34231		12 JAN 26
	City, State and Zip Code		
RCL(	@RVOLAW.COM		426 PM
E	mail address: (to be used for future annual re	eport notification)	
For fu	rther information concerning this mat	ter, please call:	PH 3: 05
Robe	ert C. Leithauser, Jr.	_at (586 ) 924-33	22 →
	Name of Contact Person	Area Code and Daytime To	elephone Number
Enclos	sed is a check for the following amou	nt:	
\$96) ك	00.00 Filing Fees 5 Filing Fee and Registered Agent  \$1,008.75 Filing Fees and Certificate of Status	and Certified Copy	1,061.25 Filing Fees, Certified Copy, and Certificate of Status
Regist Divisi Cliftor 2661 I	ET ADDRESS: cration Section on of Corporations n Building Executive Center Circle assee, FL 32301	MAILING ADDR Registration Section Division of Corpora P. O. Box 6327 Tallahassee, FL 33	on rations

CR2E030 (01/06)

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

1. MONTNEY LP
(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 <sub>.</sub> 5515 S. Tamiami Trail
(Street address of initial designated office)
Sarasota, FL 34231
3. Robert C. Leithauser, Jr.
(Name of Registered Agent for Service of Process)
4.5515 S. Tamiami Trail
(Florida street address for Registered Agent)
Sarasota, FL 34231
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.
Rand Color Dr
Signature of Registered Agent
6.5515 S. Tamiami Trail
(Mailing address of initial designated office)
Sarasota, FL 34231
7. If limited partnership elects to be a limited liability limited partnership, check box

Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing \$52.50 \$8.75 Page 2 of 2	Fee and \$35 Registered Agent	t Fee)	
stated herein are true. I/We am/are document to the Department of Stars.817.155, F.S.			or in	
Signature of each general partner: I	/We submit this docume		cts	
(Effective date cannot be prior to not filed by the Florida Department of Signed this 19th day of	State.)	fter the date the documen	t is	
9. Effective date, if other than the date of	filing:	OR DA	<del>- Si</del> .	
		<u>بر</u> نام	<u>고</u> 다	
			<u>₹</u>	
		ALC ALC AA	12	
			<u> </u>	
L1100921450				
	Sarasota	ota, FL 34231		
MONDYER LLC	5515 S. T	5515 S. Tamiami Trail		
8. Name and business address of e Name:	ach general partner: Business Add	ress:		