

A12000000058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200217658112

200217658112  
01/10/12--01011--025 \*\*50.00

02/03/12--01002--005 \*\*1000.00

2012 FEB - 2 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE  
FEB - 3 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2012

GOODSON, MANLEY, FORAKIS, PLC  
340 S. PALM LANE, SUITE 300  
PHOENIX, AZ 85004

SUBJECT: GARY LOWERY ENTERPRISES LIMITED PARTNERSHIP  
Ref. Number: W12000001896

We have received your document for GARY LOWERY ENTERPRISES LIMITED PARTNERSHIP and check(s) totaling \$50.00 of which \$50.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$950.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 412A00000735

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 FEB -2 AM 9:05

FILED

LAW OFFICES OF  
**GOODSON, MANLEY, FORAKIS, PLC**

A PROFESSIONAL LIABILITY COMPANY  
340 E. PALM LANE  
SUITE 300  
PHOENIX, ARIZONA 85004  
TELEPHONE (602) 252-5110  
TELEFAX (602) 257-1883  
TOLL FREE (800) 442-8057  
info@gmdlaw.com  
[www.gmdlaw.com](http://www.gmdlaw.com)

JOHN F. GOODSON AZ BAR  
COLLEEN C. MANLEY AZ BAR

CHRISTINE GOODSON FORAKIS\* AZ BAR  
\*Licensed also in FL

**TRANSMITTAL**

TO: Division of Corporations  
FROM: Travis Jones, Staff Assistant  
RE: New Limited Partnership Filing  
DATE: January 30, 2012  
ATTACHMENT(S): Certificate of Limited Partnership and check

---

Please find the enclosed above mentioned certificate and check. Please file the certificate accordingly and a check in the amount of \$1000.00 has been included to cover the costs of the filing. Once approved, please return the a copy to our office in the provided envelope.

Contact our office should you have any questions about this transmittal.

Thank You

FILED  
2012 FEB -2 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. Gary Lowery Enterprises 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.L.P. or LLLP.

2. 5635 Clifton Lane

(Street address of initial designated office)

Jacksonville, FL 32211

3. Gary Lowery

(Name of Registered Agent for Service of Process)

4. 5635 Clifton Lane

(Florida street address for Registered Agent)

Jacksonville, FL 32211

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.

Gary L. Lowery  
Signature of Registered Agent

6. (see above)

(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:

Lowery Business  
Holdings, LLC  
612-4990

5635 Clifton Lane  
Jacksonville, FL 32211

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 \_\_\_\_\_ day of \_\_\_\_\_.

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.

x Darryl L. Lowery

Trustee of GLL TRUST I, Managing  
Member of Lowery Business Holdings, LLC

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

Page 2 of 2

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 FEB -2 AM 9:05

FILED