

# A120000000330

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
Fax Number : (407) 423-1831

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

Email Address: contact@villabar.com

FLORIDA/FOREIGN LP/LLP  
Villabar Chickasaw Limited Partnership

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$1,052.50

CRD 031556/056544

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C. LEWIS

JUN - 8 2012

EXAMINER

FILED

12 JUN -7 AM 8: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**1. Villabar Chickasaw 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 L.L.P.

**2. 30 St. Clair Avenue West, Suite 500**

(Street address of initial designated office)

**Toronto, Ontario M4V 3A1**

**3. Dean Mead Services, LLC**

(Name of Registered Agent for Service of Process)

**4. 800 N. Magnolia Ave., Suite 1500**

(Florida street address for Registered Agent)

**Orlando, FL 32803**

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.

DEAN MEAD SERVICES, LLC

By:

Signature of Registered Agent  
Christopher R. D'Amico, Vice President

**6. 30 St. Clair Avenue West, Suite 500**

(Mailing address of initial designated office)

**Toronto, Ontario M4V 3A1**

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: L12000076221

Business Address:

Villabar Chickasaw, LLC30 St. Clair Avenue West, Suite 500Toronto, Ontario M4V 3A1

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 6th day of June, 2012.

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.

By: R. Medoff  
Ronald A. Medoff, ManagerVILLABAR CHICKASAW, LLC

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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