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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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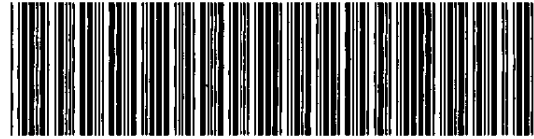
(Business Entity Name)

(Document Number)

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12 JUN -8 PM 3:42
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN 11 2012

EXAMINER

UPCHURCH, BAILEY AND UPCHURCH, P.A.

JOHN D. BAILEY, JR.

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OF COUNSEL:

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FRANK D. UPCHURCH, SR.
(1894-1986)

HAMILTON D. UPCHURCH
(1925-2008)

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June 5, 2012

Via Certified Mail
Return Receipt Requested

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: The Simone Investment Group LLLP
Our File No. 5-04-359

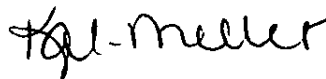
Dear Sir or Madam:

I am enclosing the following documents for filing with your office in regard to the above-referenced matter:

1. Cover Letter;
2. Certificate of Limited Partnership For Florida Limited Partnership or Limited Liability Limited Partnership of The Simone Investment Group LLLP; and
3. Our firm's check number 25685 in the amount of \$1,008.75, representing the filing fee and certificate of status.

Please contact our office with any questions or comments whatsoever.

Sincerely Yours,



Karen A. Lansing-Miller
Legal Assistant to Michael A. Siragusa

Enclosures

12 JUN - 11 3:42
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE SIMONE INVESTMENT GROUP LLLP

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:

W. H. O'CONNELL

Contact Person

W. H. O'CONNELL & ASSOCIATES, P.A.

Firm/Company

2825 LEWIS SPEEDWAY, UNIT 104

Address

ST. AUGUSTINE, FL 32084

City, State and Zip Code

Henry@whocpa.com

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

For further information concerning this matter, please call:

HENRY O'CONNELL

Name of Contact Person

at (904) 829-0082

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)

12 JUN -8 PM 3:43
DIVISION OF ST. AUGUSTINE
TALLAHASSEE, FLORIDA

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

1. THE SIMONE INVESTMENT GROUP LLLP

(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. 527 LAKE ROAD

(Street address of initial designated office)

PONTE VEDRA BEACH, FLORIDA 32082

3. W. H. O'CONNELL

(Name of Registered Agent for Service of Process)

4. 2825 LEWIS SPEEDWAY, UNIT #104

(Florida street address for Registered Agent)

ST. AUGUSTINE, FL 32084

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.*



Signature of Registered Agent

6. 2825 LEWIS SPEEDWAY, UNIT #104

(Mailing address of initial designated office)

ST. AUGUSTINE, FL 32084

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:

CARL V. SIMONE

527 LAKE ROAD

PONTE VEDRA BEACH, FL 32082

ELAINE SIMONE

527 LAKE ROAD

PONTE VEDRA BEACH, FL 32082

12 JUN -8 PM 3:43
FILED
CLERK OF COURT
JULIA A. BROWN
CLERK OF COURT

9. Effective date, if other than the date of filing: 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 17 day of MAY, 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.

Carl Simone Elaine Simone

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75