

A120000000614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

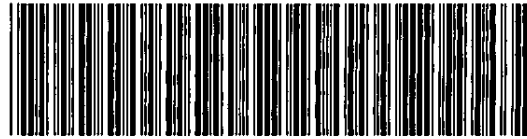
(Business Entity Name)

(Document Number)

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

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12 OCT 15 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan OCT 16 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A. W. Baylor Family Limited Partnership  
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:

PENNY King Every

Contact Person

Jeffrey C. Sweet, Esquire

Firm/Company

595 W. Granada Blvd., Suite A

Address

Ormond Beach, FL 32174

City, State and Zip Code

tjones@awbaylor.com

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

For further information concerning this matter, please call:

Penny King Every

Name of Contact Person

at ( 386 ) 677-3431

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                                                                                      |                                                                                 |                                                                       |                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,<br>Certified Copy, and<br>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

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

FILED:  
12 OCT 15 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. A. W. BAYLOR FAMILY 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. 1760 N. U. S. Highway 1, Ormond Beach, FL 32174

(Street address of initial designated office)

3. A. W. Baylor

(Name of Registered Agent for Service of Process)

4. 1760 N. U.S. Highway 1, Ormond Beach, FL 31274

(Florida street address for Registered Agent)

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. 1760 N. U.S. Highway 1, Ormond Beach, FL 32174

(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:

AWP BAYLOR, INC. P12-84423

1760 N. U.S. Highway 1

Ormond Beach, FL 32174

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 27th day of September, 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 in s.817.155, F.S.

AWP BAYLOR, INC., a Florida corporation

A. W. Baylor, President

**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**

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