

Oct. 31. 2012 1:40 PM
Division of Corporations

SALVATORI & WOOD

Page 1 of 1

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : SALVATORI & WOOD, BUCKEL, PL
Account Number : I20030000112
Phone : (239) 552-4100
Fax Number : (239) 649-1706

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: scs@swbnaples.com

FLORIDA/FOREIGN LP/LLLP
Enclave-Livingston, LP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

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J. BRYAN

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EXAMINER

Oct. 31. 2012 1:40PM SALVATORI & WOOD

No. 8376 P. 2

((H12000261325 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Enclave-Livingston, LP

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:

C. Lane Wood

Contact Person

Salvatori, Wood & Buckel

Firm/Company

9132 Strada Place, Fourth Floor

Address

Naples, FL 34108

City, State and Zip Code

scs@swbnaples.com

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

For further information concerning this matter, please call:

C. Lane Wood

at (239) 552-4100

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

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TALLAHASSEE, FLORIDA

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

FILED
2012 OCT 31 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Enclave-Livingston, 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. 1055 Crosspointe Drive

(Street address of initial designated office)

Naples, FL 34110

3. Salvatori, Wood & Buckel

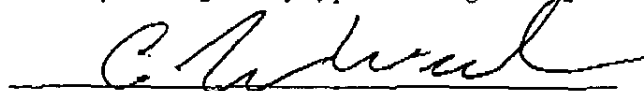
(Name of Registered Agent for Service of Process)

4. 9132 Strada Place, Fourth Floor

(Florida street address for Registered Agent)

Naples, FL 34108

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. 1055 Crosspointe Drive

(Mailing address of initial designated office)

Naples, FL 34110

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

(((H12000261325 3)))

8. Name and business address of each general partner:

Name:

Business Address:

Enclave-Livingston, LLC

c/o D. Mitchell Melhelm, Manager

#L12000137790

1055 Crosspointe Drive, Naples, FL 34110

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TALLAHASSEE, FLORIDA

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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 31st day of October, 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.



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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