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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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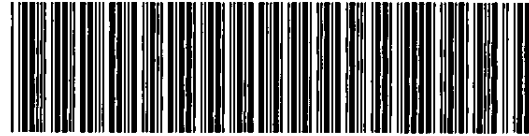
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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12 NOV 13 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 15 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLERMONT HOTEL PROPERTIES,LTD

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:

CARL E. PATRICK ESQ.

Contact Person

Firm/Company

6151 LAKE OSPREY DRIVE

Address

SARASOTA FLORIDA 34240

City, State and Zip Code

cpat102036@aol.com

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

For further information concerning this matter, please call:

CARL E. PATRICK

Name of Contact Person

at ( 330 ) 524-3521

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)

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12 NOV 13 PM 3:45  
TALLAHASSEE, FLORIDA

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

1. CLERMONT HOTEL PROPERTIES, LTD

(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. 2032 HILLVIEW ST.

(Street address of initial designated office)

SARASOTA FLORIDA 34239

3. CARL E. PATRICK ESQ.

(Name of Registered Agent for Service of Process)

4. 6151 LAKE OSPREY DRIVE THIRD FLOOR

(Florida street address for Registered Agent)

SARASOTA FLORIDA 34240

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. 2032 HILLVIEW ST

(Mailing address of initial designated office)

SARASOTA FLORIDA 34239

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

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SARASOTA COUNTY  
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

LAKEHO LLC

2032 HILLVIEW ST.

SARASOTA FLORIDA, 34239


L12000144668

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 9<sup>th</sup> day of NOVEMBER, 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.

x   
John Balliett AS manager

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**

12 NOV 13 PM 3:45  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

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