A12000000705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rockbrook Garden Apartments II, 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:

Garth Bonney
Contact Person

Bonney & Associates, P.A.
Firm/Company

P.O. Box 737
Address

Panama City, FL 32402
City, State and Zip Code

gbonney@bandslaw.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Garth Bonney at (850) 215-6840
Name of Contact Person — 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)

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

FILED
12 NOV 15 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Rockbrook Garden Apartments II, 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. 7911 Thomas Drive, Suite 2
(Street address of initial designated office)
Panama City Beach, FL 32408

3. W.C. Grimsley, Jr.
(Name of Registered Agent for Service of Process)

4. 7911 Thomas Drive, Suite 2
(Florida street address for Registered Agent)
Panama City Beach, FL 32408

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.*

W.C. Grimsley
Signature of Registered Agent

6. 7911 Thomas Drive, Suite 2
(Mailing address of initial designated office)
Panama City Beach, FL 32408

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:
W.C. Grimsley, Jr. Limited Partner	7911 Thomas Drive, Suite 2 Panama City Beach, FL 32408
Rockbrook Garden Apartments Corp. General Partner S21662	7911 Thomas Drive, Suite 2 Panama City Beach, FL 32408
Charles Whitehead Limited Partner	7911 Thomas Drive, Suite 2 Panama City Beach, FL 32408
Maryann Thomas Limited Partner	7911 Thomas Drive, Suite 2 Panama City Beach, FL 32408

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 30th 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.

ROCKBROOK GARDEN APARTMENTS CORP.
BY _____
Its Director

Filing Fees: **$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional): **$52.50**
Certificate of Status (optional): **$8.75**