

A12000000796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

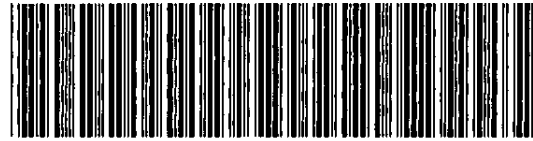
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500242178745

11/30/12--01024--013 \*\*1000.00

12 NOV 30 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

D. BRUCE  
DEC 04 2012  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANDERSON VOLUNTEER HOLDING, L.P.

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:

VIRGINIA C. LOVE

Contact Person

BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, PC

Firm/Company

1800 REPUBLIC CENTRE, 633 CHESTNUT STREET

Address

CHATTANOOGA, TN 37450-1800

City, State and Zip Code

vlove@bakerdonelson.com

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

For further information concerning this matter, please call:

VIRGINIA C. LOVE

at ( 423 ) 209-4118

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)

APPROVED  
AND  
FILED  
12 NOV 30 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

-----

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

1. ANDERSON VOLUNTEER HOLDING, L.P.

(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. 2550 HARBOURSIDE DRIVE, #311

(Street address of initial designated office)

LONGBOAT KEY, FL 34228

3. ROBERT R. ANDERSON

(Name of Registered Agent for Service of Process)

4. 2550 HARBOURSIDE DRIVE, #311

(Florida street address for Registered Agent)

LONGBOAT KEY, FL 34228

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. 2550 HARBOURSIDE DRIVE, #311

(Mailing address of initial designated office)

LONGBOAT KEY, FL 34228

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 NOV 30 AM 11:25

APPROVED  
AND  
FILED

8. Name and business address of each general partner:

Name:

Business Address:

ROBERT R. ANDERSON

2550 HARBOURSIDE DR., #311

LONGBOAT KEY, FL 34228

DORALYNN ELIZABETH GARRISON ANDERSON

2550 HARBOURSIDE DR., #311

LONGBOAT KEY, FL 34228

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 26<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.

Robert R. Anderson  
Doralynn E. B. Anderson

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 NOV 30 AM 11:25

APPROVED  
AND  
FILED