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(Requestor's Name)

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(City/State/Zip/Phone #)

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Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

DEC 21 2012

EXAMINER

UPCHURCH, BAILEY AND UPCHURCH, P.A.

JOHN D. BAILEY, JR.

FRANK D. UPCHURCH III

DONALD W. WALLIS

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Established 1925

780 North Ponce de Leon Boulevard
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Please reply to:
Post Office Drawer 3007
St. Augustine, Florida 32085-3007

OF COUNSEL:

FRANK D. UPCHURCH, JR.
TRACY WILSON UPCHURCH

FRANK D. UPCHURCH, SR.
(1894-1986)

HAMILTON D. UPCHURCH
(1925-2008)

December 19, 2012

Via Federal Express

Registration Section
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Stringer Investment Group LLLP
Our File No.: 5-12-242

Dear Sir or Madam:

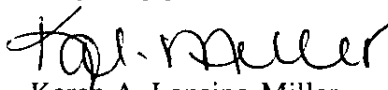
In regard to the above, I enclose the following documents to be filed with your office prior to December 31, 2012:

1. Cover Letter; and
2. Certificate for Limited Liability Limited Partnership.

Also enclosed is my firm's trust account check payable to the Florida Department of State in the amount of \$1,061.25 representing the filing fee of \$1,000.00, \$52.50 for the certified copy and \$8.75 for the certificate of status.

Please file the documents prior to December 31, 2012 and return the certified copy and certificate of status to our office at your earliest possible convenience. Should you have any questions, please do not hesitate to contact the office. Thank you for your assistance in this matter.

Very truly yours, -



Karen A. Lansing-Miller
Legal Assistant to Michael A. Siragusa

Enclosures

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STATE
SECRETARY OF
TALLAHASSEE
OFFICE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stringer Investment Group LLLP

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:

Michael A. Siragusa

Contact Person

Upchurch, Bailey & Upchurch, P.A.

Firm/Company

780 N. Ponce de Leon Blvd.

Address

St. Augustine, FL 32084

City, State and Zip Code

masiragusa@ubulaw.com

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

For further information concerning this matter, please call:

Michael A. Siragusa at (904) 829-9066

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Stringer Investment Group LLLP

(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. 703 Front Street

(Street address of initial designated office)

Welaka, FL 32193

3. Alan S. Goedert

(Name of Registered Agent for Service of Process)

4. 134 Riberia Street, Unit #103

(Florida street address for Registered Agent)

St. Augustine, FL 32084

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. 703 Front Street

(Mailing address of initial designated office)

Welaka, FL 32193

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



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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Rodney B. Stringer

703 Front Street

Welaka, FL 32193

Cora R.A. Stringer

703 Front Street

Welaka, FL 32193

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 18th day of December, 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.

[Signature]
Cora R.A. Stringer

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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