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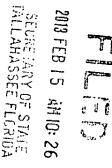
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FEB 18 2012 D. BRUCE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Micco Bluff Cattle, LLLP	1
	nership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partners	ship and fees are submitted for filing.
Please return all correspondence concerning	this matter to:
Renee Marquis-Abrams, Esquire	
Contact Person	
Neill, Griffin, Tierney, Neill & Marquis	
Firm/Company	~ ~
P.O. Box 1270	2013    ALL
Address	
Fort Pierce, Florida 34954	45.7
City, State and Zip Code	min of the second secon
rmarquis@neillgriffin.com	port notification)
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matt	
Renee Marquis-Abrams, Esq.	at (772 ) 464-8200
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amoun	ıt:
\$1,000.00 Filing Fees   \$1,008.75 Filing Fees   and Certificate of Status   Fee	\$1,052.50 Filing Fees and Certified Copy  S1,061.25 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	Turioriussee, I D DD I I

CR2E030 (01/06)

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

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership or LLLP.	20 /
2. 1254 SW 24th Avenue, Okeechobee, Florida 34974	
(Street address of initial designated office)	
3. Monrad O. Chandler	
(Name of Registered Agent for Service of Process)	2013
4.1254 SW 24th Avenue, Okeechobee, Florida 34974	AH AH
(Florida street address for Registered Agent)	ARY C
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I fur comply with the provisions of all statutes relative to the proper and complete performance of n and I am familiar with and accept the obligations of my position as registered agent.	rther agree to 26
Signature of Registered Agent	
6.1254 SW 24th Avenue, Okeechobee, Florida 34974	
(Mailing address of initial designated office)	

8. Name and business address of ea Name:	ach general partner: Business Address:
Monrad O. Chandler	1254 SW 24th Avenue
	Okeechobee, Florida 34974
Gwendolyn W. Chandler	1254 SW 24th Avenue
	Okeechobee, Florida 34974
	A
	TEB AND TEB
9. Effective date, if other than the date of	
(Effective date cannot be prior to no filed by the Florida Department of the contract of the c	or more than 90 days after the date the document is
Signed this 97H day of	of February , 2013 .
stated herein are true. I/We am/are	/We submit this document and affirm that the facts aware that any false information submitted in a te constitutes a third degree felony as provided for in
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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