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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 8 2013

B. McLEOD

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PETERBOROUGH 2, 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:

Julie Fanelli

Contact Person

Fanelli Law Firm, PA

Firm/Company

5300 W Cypress St, Ste 200

Address

Tampa, FL 33607

City, State and Zip Code

jfanelli@fanellilaw.com

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

For further information concerning this matter, please call:

Julie Fanelli

Name of Contact Person

at (813) 384-4841

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

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

1. PETERBOROUGH 2, 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. 5300 W. Cypress St., Suite 200

(Street address of initial designated office)

Tampa, FL 33607

3. Fanelli Law Firm, PA

(Name of Registered Agent for Service of Process)

4. 5300 W. Cypress St., Suite 200, Tampa, FL 33607

(Florida street address for Registered Agent)

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. 5300 W Cypress St., Suite 200, Tampa, FL 33607

(Mailing address of initial designated office)

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

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8. Name and business address of each general partner:

Name:

Business Address:

Peterborough Apartments, Inc.

440 4th Ave. N.

St. Petersburg FL 33701

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 21st day of February, 2013.

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.

Peterborough Apartments, Inc., a
Florida not for profit Corporation

By: Virginia Rowell
Virginia Rowell, President

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