

# 3/27/2013 16:01 FAX 423-1831 DEAN MEAD ORLANDO 001  
Division of Corporations Page 1 of 1

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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6363

From:  
Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOVANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
Fax Number : (407) 423-1831

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jfisher@maurycarter.com

FLORIDA/FOREIGN LP/LLP  
CARTER-SAWMILL CREEK, LLLP

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$1,052.50

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K. SALY  
EXAMINER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
13 MAR 27 AM 8:18  
TALLAHASSEE, FLORIDA

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

FILED  
13 MAR 27 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. CARTER-SAWMILL CREEK, 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. 3333 S. Orange Avenue, Suite 200

(Street address of initial designated office)

Orlando, FL 32806

3. Daryl M. Carter

(Name of Registered Agent for Service of Process)

4. 3333 S. Orange Avenue, Suite 200

(Florida street address for Registered Agent)

Orlando, FL 32806

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. 3333 S. Orange Avenue, Suite 200

(Mailing address of initial designated office)

Orlando, FL 32806

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:Maury L. Carter Management Corporation3333 S. Orange Avenue, Suite 200Orlando, FL 32806

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 27th day of March, 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.

Maury L. Carter Management CorporationBy:Daryl M. Carter, 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****Page 2 of 2**

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