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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

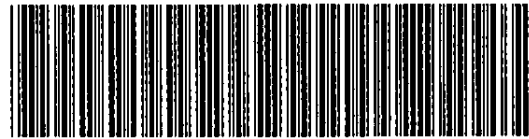
(Business Entity Name)

(Document Number)

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

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2013 APR 26 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 13 2013  
D. BRUCE

1.112-24939

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CHALLEN PARTNERS, 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:

J. Kirby Chritton, Esq.

Contact Person

Rogers Towers, P.A.

Firm/Company

1301 Riverplace Blvd., Suite 1500

Address

Jacksonville, Florida 32207

City, State and Zip Code

kchritton@rtlaw.com

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

For further information concerning this matter, please call:

J. Kirby Chritton

Name of Contact Person

at ( 904 ) 346-5566

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fees<br>( \$965 Filing Fee and<br>\$35 Registered Agent<br>Fee ) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input checked="" type="checkbox"/> \$1,061.25 Filing Fees,<br>Certified Copy, and<br>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)

**FILED**  
2013 APR 26 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CHALLEN PARTNERS, LTD.**

**CERTIFICATE OF LIMITED PARTNERSHIP**

The undersigned, desiring to form a limited partnership pursuant to the Florida Revised Uniform Partnership Act (2005), Part I, Chapter 620, Florida Statutes (the "Act"), does hereby certify as follows:

1. **Name.** The name of the limited partnership is as follows:

**CHALLEN PARTNERS, LTD.**

2. **Address.** The principal place of business (and the address of the office at which the records of the limited partnership shall be kept) and the mailing address for the limited partnership are as follows:

1819 Goodwin Street  
Jacksonville, Florida 32204

3. **Registered Agent.** The name and address of: (i) the agent for service of process, and (ii) the registered agent and registered office for the limited partnership is as follows:

J. Kirby Chritton  
1301 Riverplace Boulevard  
Suite 1500  
Jacksonville, Florida 32207

4. **General Partner.** The name and business address of the general partner of the limited partnership is as follows:

Challen Asset Management, LLC  
1819 Goodwin Street  
Jacksonville, Florida 32204

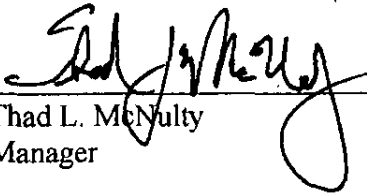
5. **Effective Date.** The effective date of this Certificate shall be upon the date of filing.

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2013 APR 26 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

WHEREFORE, this Certificate has been executed by the general partner of the limited partnership in accordance with the Act this 27<sup>th</sup> day of April, 2013. The undersigned submits this document and affirms that the facts stated herein are true. The undersigned is aware that any false information submitted to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.

**CHALLEN ASSET MANAGEMENT, LLC**

By:

  
Thad L. McNulty  
Manager

STATE OF FLORIDA

COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 23 day of April, 2013, by Thad L. McNulty, as Manager of Challen Asset Management, LLC, the general partner of Challen Partners, Ltd., a Florida limited partnership. Thad L. McNulty is personally known to me or has produced his driver's license as identification.

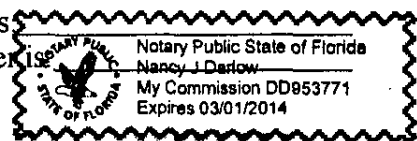


Notary Public, State of Florida

Print Name: NANCY J. DARLOW

My Commission Expires

My Commission Number



**FILED**

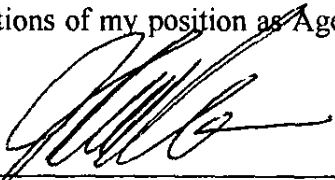
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CHALLEN PARTNERS, LTD.**

**ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT  
AND AGENT FOR SERVICE OF PROCESS**

The undersigned, having been designated the Agent for Service of Process and Registered Agent of **CHALLEN PARTNERS, LTD.**, a limited partnership to be formed concurrently herewith under the Florida Revised Uniform Limited Partnership Act (2005) (the "Act"), does hereby accept such designation 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 Agent for Service of Process and Registered Agent.

  
\_\_\_\_\_  
J. Kirby Chritton

Dated: 4/23/2013

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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