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DIVISION OF CORPORATIONS SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 13 2013

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THARPE STREET ACQUISITIONS, 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:

ANN BLACK

Contact Person

SMITH, THOMPSON, SHAW, MINACCI & COLON, P.A.

Firm/Company

3520 THOMASVILLE ROAD, FOURTH FLOOR

Address

TALLAHASSEE, FLORIDA 32309

City, State and Zip Code

bill@billmattice.com

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

For further information concerning this matter, please call:

ANN BLACK at (850) 893-4105

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 and 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. THARPE STREET ACQUISITIONS, 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. 1550-1 VILLAGE SQUARE BLVD., TALLAHASSEE, FLORIDA 32309

(Street address of initial designated office)

3. WILLIAM T. MATTICE, SR.

(Name of Registered Agent for Service of Process)

4. 1550-1 VILLAGE SQUARE BLVD., TALLAHASSEE, FLORIDA 32309

(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.*

William T. Mattice, Sr.

Signature of Registered Agent

6. 1550-1 VILLAGE SQUARE BLVD., TALLAHASSEE, FLORIDA 32309

(Mailing address of initial designated office)

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:

MATTICE TSA, LLC

1550-1 VILLAGE SQUARE BLVD.

TALLAHASSEE, FLORIDA 32309

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 _____ day of **SEPTEMBER**, 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.

MATTICE TSA, LLC

BY: William T Mattice, Sr.

WILLIAM T. MATTICE, SR.
Managing Member

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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TALLAHASSEE, FLORIDA

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