

A13000000591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

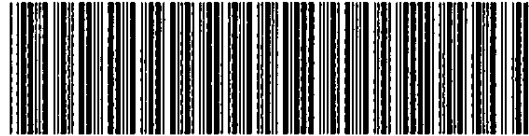
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200251824352

09/24/13--01026--007 \*\*1008.75

FILED  
13 OCT -1 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W13-57455



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2013

GUILBERT GIBSON  
PO BOX 672  
MADISON, MS 39130

SUBJECT: SUNSWEPT VILLAGE, L.P.  
Ref. Number: W13000053899

We have received your document for SUNSWEPT VILLAGE, L.P. and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 813A00022792

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sunswept Village, L.P.

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:

Guilbert Gibson

Contact Person

Quad States Construction, LLC

Firm/Company

P.O. Box 672

Address

Madison, MS 39130

City, State and Zip Code

ggibson@quadstatesllc.com

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

For further information concerning this matter, please call:

Guilbert Gibson

Name of Contact Person

at ( 601 ) 707-8717

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

CR2E030 (01/06)

FILED  
13 OCT -1 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. Sunswept Village, L.P.

(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. 1030 North Park Drive Suite B

(Street address of initial designated office)

Ridgeland, MS 39157

3. George R Harrison, Jr

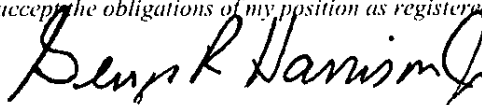
(Name of Registered Agent for Service of Process)

4. 14021 Dale Mabry Highway N. Suite B

(Florida street address for Registered Agent)

Tampa, FL 33618

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. P.O. Box 672

(Mailing address of initial designated office)

Madison, MS 39130

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

8. Name and business address of each general partner:

Name:

Business Address:

ARRINGTON Developers  
OF Florida, LLC.

1030 North Park Drive Suite B

Ridgeland, MS 39157

610 - 101551

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 23rd 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.

Nate Zandt, 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**