

AI3000000598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

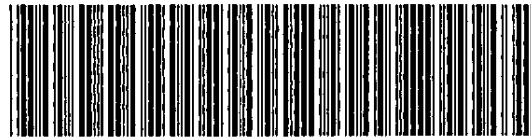
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W13-53302



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09/24/13--01026--011 **1008.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

OCT 03 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2013

GUILBERT GIBSON
P.O. BOX 672
MADISON, MS 39130

SUBJECT: SHADOWBROOK POINTE, L.P.
Ref. Number: W13000053302

We have received your document for SHADOWBROOK POINTE, 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 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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 413A00022521

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FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shadowbrook Pointe, 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 at (601) 707-8717
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, 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)

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 TALLAHASSEE FLORIDA

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

1. Shadowbrook Pointe, 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

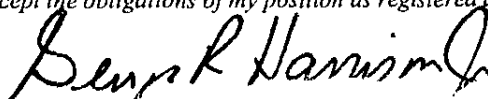
(Name of Registered Agent for Service of Process)

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

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8. Name and business address of each general partner:

Name:

Business Address:

Arlington Developers
of Florida, LLC

1030 North Park Drive Suite B
Ridgeland, MS 39157

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TALLAHASSEE FLORIDA

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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.

Dale J. [Signature], 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