

A13000000603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

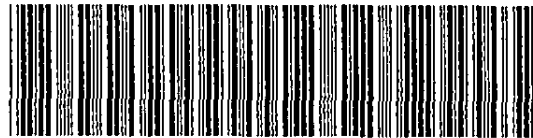
(Document Number)

Certified Copies _____

Certificates of Status ☒

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Office Use Only



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2013 OCT -3 AM 10:27
FALL ADMINISTRATION

FILED

J. SAULSBERRY
EXAMINER

OCT 4 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rocktide Crossing, 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
2013 OCT -3 AM 10:27
TALLAHASSEE, FL 32301
DIVISION OF STATE
CORPORATIONS

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

1. Rocktide Crossing, 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

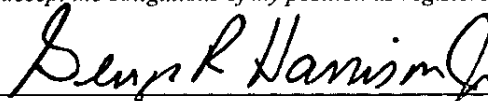
(Name of Registered Agent for Service of Process)

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:

L10000
101551
Arrington Developers of
Florida, LLC

1030 North Park Drive Suite B
Ridgeland, MS 39157

2013 OCT -3 AM 10:27
DEPT. OF STATE
TALLAHASSEE, FLORIDA

FILED

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. Anderson, 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