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(Business Entity Name)

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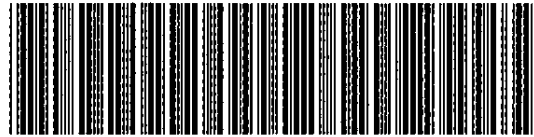
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TO: Registration Section
Division of Corporations

SUBJECT: McConville Family Limited Partnership

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:

Cindy Schaeffer, Florida Registered Paralegal

Contact Person

The Duffey Law

Firm/Company

350 Camino Gardens Blvd. #303

Address

Boca Raton, FL 33432

City, State and Zip Code

cindy@theduffeylawfirm.com

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

For further information concerning this matter, please call:

Cindy Schaeffer at (561) 862-4176

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

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

1. McCONVILLE FAMILY LIMITED PARTNERSHIP

(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. 350 CAMINO GARDENS BLVD, SUITE 303

(Street address of initial designated office)

BOCA RATON, FL 33432

3. BRIAN K. DUFFEY

(Name of Registered Agent for Service of Process)

4. 350 CAMINO GARDENS BLVD, SUITE 303

(Florida street address for Registered Agent)

BOCA RATON, FL 33432

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. 350 CAMINO GARDENS BLVD, SUITE 303

(Mailing address of initial designated office)

BOCA RATON, FL 33432

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:

McCONVILLE HOLDINGS, LLC

1124 Tapestry Lane

Celebration, FL 34747

L13-134608

9. Effective date, if other than the date of filing:

November 2013

(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 28th day of October, 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 §817.155, F.S.

Sharon J. McConville
John G. McConville

Sharon J. McConville
John G. McConville

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75