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(City/State/Zip/Phone #)

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STATE
TALLAHASSEE, FLORIDA

MAR 27 2014

T. BROWN



WOODWARD, PIRES & LOMBARDO, P.A.

ATTORNEYS AT LAW

CRAIG R. WOODWARD
Board Certified: Real Estate

MARK J. WOODWARD
Board Certified: Real Estate

ANTHONY P. PIRES, JR.
Board Certified: City, County,
and Local Government

J. CHRISTOPHER LOMBARDO
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and Family Law

ELEANOR W. TAFT
Of Counsel

JENNIFER L. DEVRIES
JENNIFER M. TENNEY
MATTHEW P. FLORES

March 20, 2014

Florida Department of State
Registration Section - Division of Corps
Post Office Box 6327
Tallahassee, Florida 32314

Re: Southgate Florida Properties, Ltd. – Filing Form

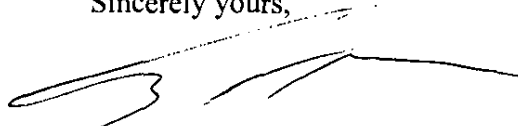
Dear Ladies/Gentlemen:

Enclosed is an original cover letter and form to file a Certificate of Limited Partnership for a Florida Limited Partnership in the name of Southgate Florida Properties, Ltd.

Also enclosed is a check for \$1,000.00 payable to you for filing fees.

Should you have any questions, please feel free to contact me at (239) 394-5161. Thank you.

Sincerely yours,



Craig R. Woodward

REPLY TO:

CRW/gd
Enclosures as noted

3200 TAMiami TRAIL N.
SUITE 200
NAPLES, FL 34103
239-649-6555
239-649-7342 FAX

606 BALD EAGLE DRIVE
SUITE 500
P.O. BOX ONE
MARCO ISLAND, FL 34146
239-394-5161
239-642-6402 FAX

WWW.WPL-LEGAL.COM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southgate Florida Properties, 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:

Craig R. Woodward

Contact Person

Woodward, Pires & Lombardo, P.A.

Firm/Company

606 Bald Eagle Drive, Suite 500

Address

Marco Island, Florida 34145

City, State and Zip Code

cwoodward@wpl-legal.com

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

For further information concerning this matter, please call:

Craig R. Woodward, Esq. at (239) 394-5161

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**

FILED
14 MAR 24 AM 10:39
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. Southgate Florida Properties, 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. 606 Bald Eagle Drive, Suite 500
(Street address of initial designated office)

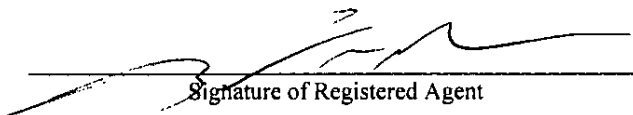
Marco Island, FL 34145

3. Craig R. Woodward, Esq.
(Name of Registered Agent for Service of Process)

4. 606 Bald Eagle Drive, Suite 500
(Florida street address for Registered Agent)

Marco Island, FL 34145

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. 606 Bald Eagle Drive, Suite 500, Marco Island, FL 34145
(Mailing address of initial designated office)

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:

Paddlevale Limited, Inc.

606 Bald Eagle Drive, Suite 500

Marco Island, FL 34145

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 20th day of March, 2014.

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.

Paddlevale Limited, Inc.
by: Joseph Gorman V.P.
Joseph Gorman
Paddlevale Registered Agent

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75