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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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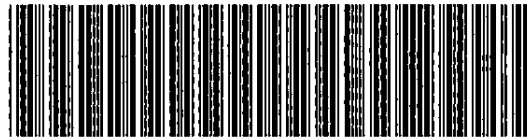
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stivers APR 14 2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Brandon Meriweather Family Limited Liability Limited  
Name of Florida Limited Partnership or Limited Liability Limited Partnership Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Carla Pryor

Contact Person

Firm/Company

2013 Nobscot Place

Address

Apopka, FL 32703

City, State and Zip Code

Ptallahassee1@aol.com

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

For further information concerning this matter, please call:

Carla Pryor

Name of Contact Person

at ( 904 ) 551-2780

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**  
**OF THE**  
**BRANDON MERIWEATHER FAMILY LIMITED LIABILITY LIMITED**  
**PARTNERSHIP**

**THIS CERTIFICATE** is duly executed and filed pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986), as amended (the "Act"), in order to form a limited partnership under the Act.

- (a) **Name.** The name of the subject limited partnership is the BRANDON MERIWEATHER FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP (the "Partnership").
- (b) **Recordkeeping Office.** The address of the office at which the Partnership shall keep the records required to be maintained under the Act is:

Carla Pryor  
2013 Nobscot Place  
Apopka, FL 32703

**Registered Agent; Registered Office.** The name and address of the agent for service of process on the Partnership required to be maintained under the Act are:

Carla Pryor  
2013 Nobscot Place  
Apopka, FL 32703

- (c) **General Partner.** The names and business address of the General Partner(s) are:

MF MORGAN INVESTMENTS, LLC.  
2013 Nobscot Place  
Apopka, FL 32703

- (d) **Mailing Address.** The mailing address of the Partnership is:

2013 Nobscot Place  
Apopka, FL 32703

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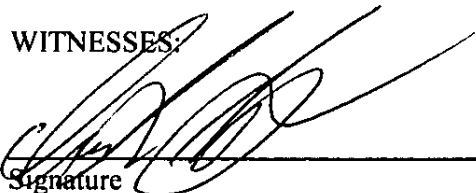
(e) **Term.** The latest date upon which the Partnership is to dissolve is December 31, 2061.

(f) **Election.** If limited partnership elects to be a limited liability limited partnership, check box ☐.

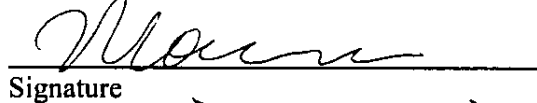
IN WITNESS WHEREOF, the general partner has duly executed this

Certificate, this 26 day of March, 2014.

WITNESSES:

  
Signature


Clinton Stanley  
Print Name

  
Signature

Moises Merino  
Print Name

  
Signature

Makyla O'Reilly  
Print Name

  
Signature, General Partner,

  
Signature, Limited Partner

  
Signature, Limited Partner



MAKYRA O'REILLY  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# EE868786  
Expires 4/9/2017

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TALLAHASSEE, FLORIDA