

A14000000218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

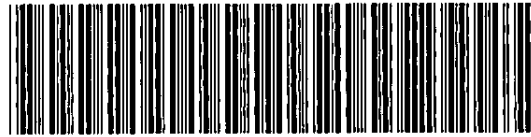
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400259049764

04/23/14--01001--020 **1000.00

TO FOR FILING
SUFFICIENCY OF FILING

2014 APR 22 PM 3:09

EFFECTIVE DATE

4-22-14

STATE OF FLORIDA
TALLAHASSEE

14 APR 22 PM 3:07

APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **D Slye Investments Limited Partnership**

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Robert W. Slye

Contact Person

Navarre Beach Realty

Firm/Company

1804 Prado Street

Address

Navarre, FL. 32566

City, State and Zip Code

navarreba@gmail.com

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

For further information concerning this matter, please call:

Robert W. Slye

Name of Contact Person

at (**850**) **428-4097**

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

FILED
14 APR 22 PM 3:07
TALLAHASSEE
FLORIDA
RECEIVED
APR 22 2014

1. D Slye Investments 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.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Florida

State or Country of Formation

3. 4-21-14

Date of Formation

4. Federal Employer Identification Number: 593745853

EFFECTIVE DATE

4-22-14

5. Name of Registered Agent for Service of Process and Florida Street Address:

Robert W Slye

7941 Gulf Boulevard

Navarre, FL 32566

6. 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.

Robert W Slye
Signature of Registered Agent

7. Principal Office:

Navarre Beach Agency

1804 Prado Street

Navarre, FL 32566

8. Mailing Address:

Navarre Beach Agency

1804 Prado Street

Navarre, FL 32566

9. If limited partnership is a limited liability limited partnership, check box .

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Robert W Slye

Name of General Partner: _____

Street Address: 7941 Gulf Boulevard

Street Address: _____

Navarre, FL 32566

Mailing Address: 1804 Prado Street

Mailing Address: _____

Navarre, FL 32566

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: 4-22-14
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 22nd day of April, 2014.

Robert W. Rly
 Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

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