

A14000000220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

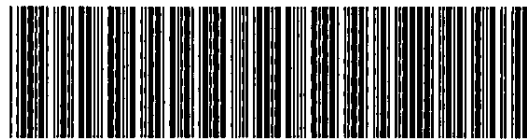
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100258376411

04/08/14--01010--015 **1061.25

FILED
14 APR 22 PM 4:03
STATE OF ILLINOIS
JANUARY 1, 2014

M. MILLIGAN
EXAMINER

APR 23 2014

1114-23457



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2014

DAVID STILES
MAGNOLIA SCHOOL FOR THE ARTS
21810 US HIGHWAY 19 NORTH
CLEARWATER, FL 33765

SUBJECT: MAGNOLIA SCHOOL FOR THE ARTS, LP
Ref. Number: W14000023457

We have received your document for MAGNOLIA SCHOOL FOR THE ARTS, LP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 914A00007931

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magnolia School for the Arts, LP

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:

David Stiles

Contact Person

Magnolia School for the Arts

Firm/Company

21810 US Highway 19 North

Address

Clearwater, FL 33765

City, State and Zip Code

david.stiles@newpointeducation.com

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

For further information concerning this matter, please call:

David Stiles

Name of Contact Person

at (850) 215-0770

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 APR 22 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Magnolia School for the Arts, LP

(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. 21810 US Highway 19 North, Clearwater, FL 33765

(Street address of initial designated office)

3. David Stiles

(Name of Registered Agent for Service of Process)

4. 21810 US Highway 19 North, Clearwater, FL 33765

(Florida street address for Registered Agent)

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. 21810 US Highway 19 North, Clearwater, FL 33765

(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:

Midwest Education Partners, LLC

275 West Market St

Akron, OH 44303

Education Fund - Magnolia
Charter School, LLC

275 West Continental Rd, Suite 195

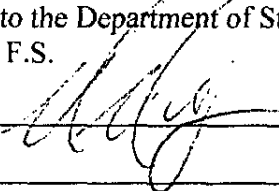
Green Valley, AZ 85622

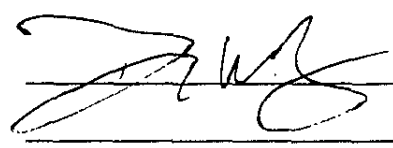
9. Effective date, if other than the date of filing: _____

(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 7th 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.





Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75