

A14000000232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

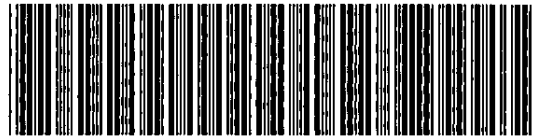
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 22 PM 4:30

APR 30 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: St. Cloud Preparatory Academy, 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:

Rebecca Giles

Contact Person

St. Cloud

Firm/Company

3455 Imperial Ave.

Address

St. Cloud, FL 34772

City, State and Zip Code

Rebecca.L.Giles@disney.com

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

For further information concerning this matter, please call:

Rebecca Giles

Name of Contact Person

at (407) 873-9587

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. St. Cloud Preparatory Academy, 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. 3455 Imperial Ave. St. Cloud, FL 34772

(Street address of initial designated office)

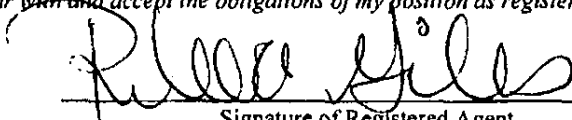
3. Rebecca Giles

(Name of Registered Agent for Service of Process)

4. 3455 Imperial Ave. St. Cloud, FL 34772

(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. 3455 Imperial Ave. St. Cloud, FL 34772

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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8. Name and business address of each general partner:

Name:

Business Address:

St. Cloud Preparatory Academy, Inc.

3455 Imperial Ave. St. Cloud, FL 34772

N13-10575

Education Fund-St. Cloud

275 West Continental Rd., Suite 195, Green Valley AZ 85622

Preparatory Academy, LLC
mlf-2749

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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 14th day of April, 2021.

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.

R. Lee Hiles

Authorized Signatory - St. Cloud

[Signature]

Authorized Signatory - Education Fund

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75