

A 14000000411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

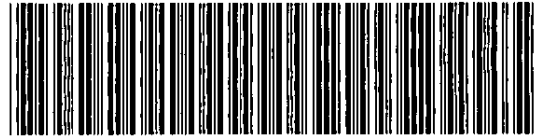
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/12/14--01020--012 **1008.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 AUG 12 PM 2:47
NOT RECORDED
TO AGENCY OF
SUFFICIENCY OF FILING

2014 AUG 12 AM 9:14
SECRETARY OF STATE
FALL/HASSELL, CHINA

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

GARROTT TRUST PARTNERS, LTD.

☐ Nonprofit
☐ Domestic Corporation

☒ **Limited Partnership**
☐ LLC

☐ Certified Copy

☒ Walk In
☐ Mail Out

Name _____

Availability _____

Document _____

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

☐ Amendment

☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Photocopies

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ UCC

☒ CUS

☐ After 4:30

☒ Pick Up

Order#:

9240073

Ref#:

Amount: \$

8/12/2014

KM

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

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Amount: \$

8/12/2014

KM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GARROTT TRUST PARTNERS, 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:

MARGARET CARR

Contact Person

BAKER DONELSON BEARMAN CALDWELL & BERKOWITZ

Firm/Company

165 MADISON AVE., STE. 2000

Address

MEMPHIS, TN 38103

City, State and Zip Code

mcarr@bakerdonelson.com

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

For further information concerning this matter, please call:

MARGARET CARR

Name of Contact Person

at (901) 577-2157

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 checked="" 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 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

CR2E030 (01/06)

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. GARROTT TRUST PARTNERS, 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. 350 Palmetto Point, Vero Beach, FL 32983

(Street address of initial designated office)

3. NRAI Services, Inc.

(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Rd.

(Florida street address for Registered Agent)

Plantation, FL 33324

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.

Eileen Chaddock

Signature of Registered Agent
Eileen Chaddock, Special Asst. Secretary

6. 350 Palmetto Point, Vero Beach, FL 32983

(Mailing address of initial designated office)

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

14 AUG 12 AM 9:14
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

8. Name and business address of each general partner:

Name:

Business Address:

Post MBA Investments LLC

350 Palmetto Point

Vero Beach, FL 32963

9. Effective date, if other than the date of filing: n/a

(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 8th. day of August, 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.

POST MBA INVESTMENTS LLC

BY: Thomas M. Garrett, III

Thomas M. Garrett, III, President

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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