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(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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SECRETARY OF STATE
JULIA M. S. 10/1/14

August 27, 2014

Raymond G. Console

Direct Phone 856-910-5011
Direct Fax 877-286-4535
rconsole@cozen.com

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Formation of Florida Limited Partnership - Blueyes, L.P.

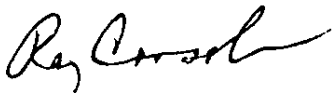
Dear Sir/Madam:

Enclosed is the Certificate of Limited Partnership for Blueyes, L.P. Also enclosed is your completed Cover Letter, together with a check payable to Florida Department of State in the amount of \$1,000.00.

Please process this filing and send your confirmation to my attention.

Sincerely,

COZEN O'CONNOR, PC



By: Raymond G. Console

RGC:lbs
Enclosures

cc: David C. Townsend (w/ encls.)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blueeyes, L.P.

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:

Raymond G. Console, Esquire

Contact Person

Cozen O'Connor

Firm/Company

457 Haddonfield Rd., Suite 300

Address

Cherry Hill, NJ 08002

City, State and Zip Code

dtown711@gmail.com

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

For further information concerning this matter, please call:

Raymond G. Console at (856) 910-5011

Name of Contact Person

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. Blueyes, L.P.

(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. 8597 S.E. Coconut Street

(Street address of initial designated office)

Hobe Sound, FL 33455

3. David C. Townsend

(Name of Registered Agent for Service of Process)

4. 8597 S.E. Coconut Street

(Florida street address for Registered Agent)

Hobe Sound, FL 33455

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. 8597 S.E. Coconut Street

(Mailing address of initial designated office)

Hobe Sound, FL 33455

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:

David C. Townsend

8597 S.E. Coconut Street

Hobe Sound, FL 33455

Karen B. Townsend

8597 S.E. Coconut Street

Hobe Sound, FL 33455

9. Effective date, if other than the date of filing: 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 21st 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.

X [Signature]
David C. Townsend

X [Signature]
Karen B. Townsend

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75