

A14000000513

(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



800263480138

09/23/14--01004--023 **1000.00

FILED
14 SEP 23 PM 3:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 24 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LT Atlantic, 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:

Jessica Lance

Contact Person

Atkins, Hollmann, Jones, Peacock, Lewis & Lyon

Firm/Company

3800 E. 42nd Street, Ste. 500

Address

Odessa, Texas 79762

City, State and Zip Code

jlance@odessalawfirm.com

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

For further information concerning this matter, please call:

Jessica Lance at (432) 363-1300

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

ATKINS, HOLLMANN, JONES, PEACOCK, LEWIS & LYON

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

MIKE ATKINS
MURRAY A. "TREY" CRUTCHER, III
JAY DURELL
DANIEL J. HOLLMANN
MELANIE HOLLMANN +
AMBER L. JAMES
FRED M. "MICKEY" JONES
TRYON LEWIS
P. A. LYON III
BRYAN D. MACKAY
JIMMY W. PEACOCK *
LORI M. RUIZ

3800 EAST 42ND STREET, SUITE 500
ODESSA, TEXAS 79762

432/331-1600
FAX 432/363-1310

* BOARD CERTIFIED REAL ESTATE - RESIDENTIAL
TEXAS BOARD OF LEGAL SPECIALIZATION
+ LICENSED IN DISTRICT OF COLUMBIA

September 15, 2014

Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

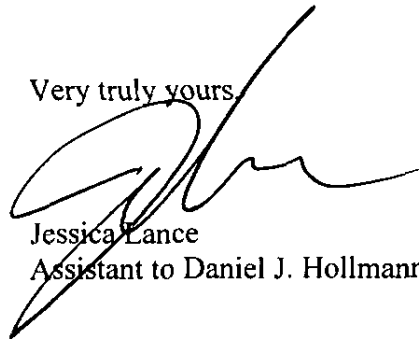
Dear Sirs:

Please find one (1) original and one (1) copy of the Articles of Incorporation for LT & LT Brothers, Inc. and one (1) original and one (1) copy of the Certificate of Limited Partnership for LT Atlantic, LP. Along with our firm's checks for the filing fees

Please file the Articles of Incorporation first as this is the General Partner to LT Atlantic, LP.

Call with any questions or comments.

Very truly yours,



Jessica Lance
Assistant to Daniel J. Hollmann

/jl
Enc.

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

1. LT Atlantic, 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. 31242 Amberlea Rd., Dade City, FL 33523

(Street address of initial designated office)

3. Ly Kondrot

(Name of Registered Agent for Service of Process)

4. 1242 Amberlea Rd., Dade City, FL 33523

(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. 1242 Amberlea Rd., Dade City, FL 33523

(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:

LT & LT Brothers, Inc.

1242 Amberlea Rd., Dade City, FL 33523

P140000078893

SECRETARY OF STATE
TALLAHASSEE FLORIDA

14 SEP 23 PM 3:33

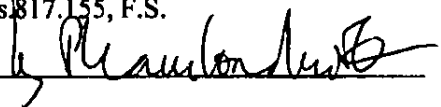
FILED

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 _____ day of _____.

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