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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BOYER LAW FIRM, P.L.

Account Number : I20100000071 Phone : (904)236-5317

Fax Number : (904)371-3935

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Office@Boyotaisfim.com

## FLORIDA/FOREIGN LP/LLLP SANDY, L.P.

Certificate of Status	0
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SECRETARY OF STATE

J. Shilvers OCT 2.9 2014

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CR2E030 (01/06)

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SANDY ROSE, L.P.	
Name of Florida Limited Part	nership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partners	ship and fees are submitted for filing.
Please return all correspondence concerning	this matter to:
Francis M. Boyer	
Contact Person	
Boyer Law Firm, P.L. Firm/Company	
Firm/Company	
9471 Baymeadows Road, Suite	404
Address	
Jacksonville, FL 32256	
City, State and Zip Code	
Office@BoyerLawFirm.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matt	ter, please call:
Francis M. Boyer	at (904 ) 236-5317
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amour	nt:
\$1,000.00 Filing Fees \$1,008.75 Filing Fees and Certificate of Status  \$1,000.00 Filing Fees and Certificate of Status	\$1,052.50 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

I. SANDY ROSE, 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.P.  or LLLP.	
2, 10151 NW 32nd Terrace	
(Street address of initial designated office)	
Doral, FL 33172	
3. Boyer Law Firm, P.L.	
(Name of Registered Agent for Service of Process)	
4.9471 Baymeadows Road, Suite 404	
(Florida street address for Registered Agent)	
Jacksonville, FL 32256	<b>*</b>
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 duits, and I am familiar with and accept the obligations of my position as registered agent.  Signature of Registered Agent	
6,9471 Baymeadows Road, Suite 404	
(Mailing address of initial designated office)	
Jacksonville, FL 32256	
7. If limited partnership elects to be a limited liability limited partnership, check box	

8. Name and business address of ex Name:	ach general partner: Business Address:
Brazza, Inc.	9471 Baymeadows Road, Suite 404
	Jacksonville, FL 32256
-	
9. Effective date, if other than the date of	filing:
(Effective date cannot be prior to no filed by the Florida Department of L	or more than 90 days after the date the document is State.)
Signed this 17 day of	of october , 2014 PG 7
stated herein are true. I/We am/are a	/We submit this document and affirm that the facts aware that any false information submitted in a le constitutes a third degree felony as provided for in
document to the Department of Stat s.817.155, F.S.	te constitutes a third degree felony as provided Adian 🤏 🧗
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

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