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· (Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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Also admitted in Mississippi

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SCOTT M. WORK

MATTHEWS | JONES
INSIGHT | INTEGRITY | INNOVATION

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District of Columbia and Georgia

ERIC A. DIBERT .
Also admitted in Alabama

DAVID J. OBERLIESEN

DANA C. "D.C." MATTHEWS II

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aknowles@destinlaw.com

Reply To Destin

December 8, 2014

Registration Section Division of Corporation P.O. Box 6327 Tallahassee FL 32314-6327

Re: Limited Partnership Registration Forms:

Clearlake Village, L.P. and Pine Hill Village, L.P.

Dear Sir or Madam:

Enclosed are the following:

Registration Form for Clearlake Village, L.P.

• Check Number 17339 in the amount of \$1,000.00 for Registration Fees

Registration From for Pine Hill Village, L.P.

• Check Number 17340 in the amount of \$1,000.00 for Registration Fees

Do not hesitate to contact me if anything further is needed in order to complete the registration of the above named entities.

Kindest Regards and Happy Holidays,

Abbey Knowles

Legal Assistant to Dawn E. Stuntz

Enclosures: as stated

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Pine Hill Village, L.P.				
	Name of Florida Limited Par	tnership or Limited	Liability Limited Partner	ship	_
The e	nclosed Certificate of Limited Partner	ship and fees are	submitted for filing.		
Please	return all correspondence concerning	g this matter to:			
Daw	n E. Stuntz, Esq.				
	Contact Person				
Matti	news & Jones, LLP				
	Firm/Company				
447	5 Legendary Drive				
	Address			; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	123
				F.	=
Dest	in, Florida 32541				層
	City, State and Zip Code				
akno	wles@destinlaw.com				Ü
Е	-mail address: (to be used for future annual re	eport notification)			-7
For fu	rther information concerning this mat	ter, please call:			ယ္မ
Abbe	ey Knowles	at (850	837-3662	5/3/mi	9
	Name of Contact Person	Area Code an	d Daytime Telephone Nu	ımber	_
Enclo	sed is a check for the following amou	nt:			
\$96) لتا	00.00 Filing Fees \$1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Filin and Certified C		y, and	
STRE	ET ADDRESS:	MAILI	NG ADDRESS:		
_	ration Section	Registration Section			
	on of Corporations	Division of Corporations			
	n Building	P. O. Box 6327			
	Executive Center Circle	Tallaha	ssee, FL 32314		
i allah	assee, FL 32301				

CR2E030 (01/06)

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

1. Pine Hill Village, L.P.	<u></u> .
(Name of Limited Partnership or Limited Liability Limited Partnership, which must incl Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partner or LLLP.	
	- 1973 - 1973
<sub>2.</sub> 5583 Bobby Hicks Hwy, Suite 111	3275
(Street address of initial designated office)	77
Gray, Tennessee 37615	
3. Dawn E. Stuntz, Esq.	
(Name of Registered Agent for Service of Process)	
4. Matthews & Jones, LLP, 4475 Legendary Drive,	*k1=
(Florida street address for Registered Agent)	
Destin, Florida 32541	
5. I hereby accept the appointment as registered agent and agree to act in this capacity. If comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent.	
Signature of Registered Agent	
Signature of Registered Agent	
<sub>6.</sub> 5583 Bobby Hicks Hwy, Suite 111	
(Mailing address of initial designated office)	
Gray, Tennessee 37615	
7. If limited partnership elects to be a limited liability limited partnership, ch	eck box

8. Name and business address of each general partner: Name: Business Address: FL. Matthew II, LLC 5583 Bobby Hicks Highway Suite 111 Gray, TN 37615 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 8 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 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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