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SECRETARY OF STATE
TALLAHASSEE, FL 32304

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clearlake Village, 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:

Dawn E. Stuntz, Esq.

Contact Person

Matthews & Jones, LLP

Firm/Company

4475 Legendary Drive

Address

Destin, Florida 32541

City, State and Zip Code

aknowles@destinlaw.com

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

For further information concerning this matter, please call:

Abbey Knowles

at (850) 837-3662

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

CR2E030 (01/06)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

1. Clearlake Village, 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. 5583 Bobby Hicks Hwy, Suite 111

(Street address of initial designated office)

Gray, Tennessee 37615

3. Dawn E. Stuntz, Esq.

(Name of Registered Agent for Service of Process)

4. Matthews & Jones, LLP, 4475 Legendary Drive,

(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. 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. 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, check box ☐

8. Name and business address of each general partner:

Name:

FL. Mark I, LLC

L14-164955

Business Address:

5583 Bobby Hicks Highway

Suite 111

Gray, TN 37615

SECRETARY OF STATE
TALLAHASSEE, FL 32310

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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 8th day of December 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.

[Signature]

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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