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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 19 2015

J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PURPLE DOG PROPERTIES, LLLP

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:

RUTH NORGAN

Contact Person

YOUR ENTITY SOLUTION, LLC

Firm/Company

6440 SKY POINTE DR STE 140-106

Address

LAS VEGAS NV 89131

City, State and Zip Code

RUTH@YOURENTITYSOLUTION.COM

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

For further information concerning this matter, please call:

RUTH NORGAN at ( 702 ) 506-0191

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)

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

1. PURPLE DOG PROPERTIES, LLLP

(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. 3-1209 FOURTH ST S

(Street address of initial designated office)

KENORA, ON P9N 1K7, CANADA

3. PARACORP INCORPORATED

(Name of Registered Agent for Service of Process)

4. 155 OFFICE PLAZA DR, 1ST FL

(Florida street address for Registered Agent)

TALLAHASSEE, FL 32301

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.*

Leticia Burleson Leticia Burleson Asst. Secretary  
Signature of Registered Agent

6. 3-1209 FOURTH ST S

(Mailing address of initial designated office)

KENORA, ON P9N 1K7, CANADA

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

BROOKS ARMSTRONG

3-1209 FOURTH ST S

KENORA, ON P9N 1K7, CANADA

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 11TH day of AUGUST, 2015

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 this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Brooks Armstrong

**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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DEPT OF STATE  
TALLAHASSEE, FLORIDA