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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

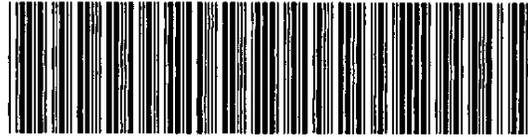
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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

**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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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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75