

A15000000654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

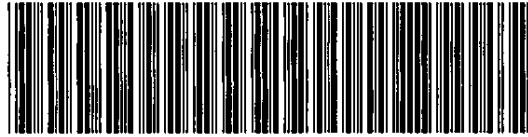
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

R.A. sign WFS 66944

Office Use Only



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SECRETARY OF STATE
ALABAMA, FLORIDA

2015 OCT 13 A 10:21

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OCT 14 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2015

LAWRENCE SWAN
709 CAPE CORAL PARKWAY W
CAPE CORAL, FL 33914

SUBJECT: O'NEILL AND GILL LP
Ref. Number: W15000066944

We have received your document for O'NEILL AND GILL LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 115A00021319

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: O'Neill and Gill LP

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:

Lawrence Swan

Contact Person

Caloosehatche Tax & Financial Services Inc

Firm/Company

709 Cape Coral Pkwy W

Address

Cape Coral FL 33914

City, State and Zip Code

tejfrog@icloud.com

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

For further information concerning this matter, please call:

Lawrence Swan

Name of Contact Person

at (239) 540-2612

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. O'Neill and Gill LPO'Neill and Gill LP

(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. 709 Cape Coral Parkway W

(Street address of initial designated office)

Cape Coral Florida 339143. Lawrence Swan

(Name of Registered Agent for Service of Process)

4. 709 Cape Coral Parkway W

(Florida street address for Registered Agent)

Cape Coral Florida 33914

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 Agent6. 709 Cape Coral Parkway W

(Mailing address of initial designated office)

Cape Coral FL 339147. If limited partnership elects to be a limited liability limited partnership, check box ☐

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

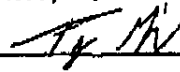
8. Name and business address of each general partner:

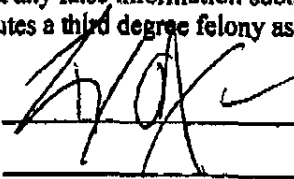
Name:Business Address:Robert O'Neill1400 HI Line Apt. 1249Dallas TX 75207Tej Gill1515 Buena Vista Unit ESan Clemente CA 92672

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 4th day of October 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 a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



_____

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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