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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

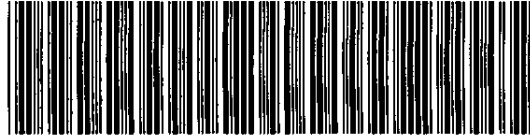
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 24 2016  
J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 5 Flags Auto Glass  
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:

Robert Dent  
Contact Person

5 Flags Auto Glass  
Firm/Company

4 Saint Regis Dr.  
Address

Pensacola Florida 32505  
City, State and Zip Code

5flagsautoglass@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Dent at ( 850 ) 529-0396  
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

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TALLAHASSEE, FL  
SECRETARY OF STATE

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

1. 5 Flags Auto Glass L.L.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. 4 Saint Regis Dr. Pensacola FL 32505  
(Street address of initial designated office)

3. Robert Dent  
(Name of Registered Agent for Service of Process)

4. 4 Saint Regis Dr Pensacola FL 32505  
(Florida street address for Registered Agent)

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.

R. Dent  
Signature of Registered Agent

6. 4 Saint Regis Dr Pensacola FL 32505  
(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

Name:

Business Address:

Robert Dent

4 Saint Regis Dr

Pensacola FL 32505

Laura Dent

4 Saint Regis Dr

Pensacola FL 32505

Jason Huff

6500 East Bay Blvd

Gulf Breeze FL 32563

Andrea Huff

6500 East Bay Blvd

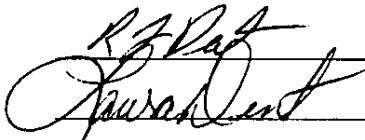
Gulf Breeze FL 32563

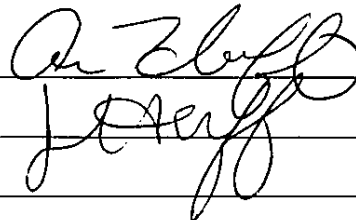
9. Effective date, if other than the date of filing:

*(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 7 day of February, 2016

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:

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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FLORIDA

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