

Al6000000282

(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

06/08/16---01019---006 \*\*1061.25

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*[Handwritten signature]*

*[Handwritten initials]*

CT

June 8, 2016

Secretary of State, Florida  
2661 Executive Circle Center  
Tallahassee FL 32301

Re: Order #: 10041335 SO  
Customer Reference 1: n/a  
Customer Reference 2: n/a

Dear Secretary of State, Florida :

Please obtain the following:

822 West Central Boulevard LP (FL)  
Formation *Limited Partnership*  
Florida

822 West Central Boulevard LP (FL)  
Certificate of Status-Domestic  
Florida

822 West Central Boulevard LP (FL)  
Cert Copy of Certificate of LP & All Amend/Mrgr  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

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

FILED  
2016 JUN -8 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. 822 West Central Boulevard 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. 7575 Dr. Phillips Blvd., #275

(Street address of initial designated office)

Orlando, Florida 32819

3. CT Corporation System

(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road

(Florida street address for Registered Agent)

Plantation, Florida 33324

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.

Cornie Bryan  
Signature of Registered Agent

Cornie Bryan  
Assistant Secretary

6. c/o 1201 Third Avenue, Suite 3200

(Mailing address of initial designated office)

Seattle, WA 98101

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:

BBA General Partner, Inc.

7575 Dr. Phillips Blvd., #275

Orlando, Florida 32819

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 3rd day of June, 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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA