

A16000000365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

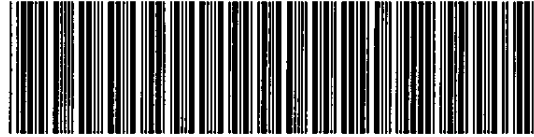
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/29/16--01014--012 **1052.50

FILED
16 JUL 28 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 01 2016
Y SULKER

076-46644



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 1, 2016

TODD F GRISOFF
285 CORINTHIAN PLACE
DESTIN, FL 32541

SUBJECT: MIDPOINT, LP
Ref. Number: W16000046644

We have received your document for MIDPOINT, LP and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with 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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 316A00013956



FLEET & SMITH
ATTORNEYS AND COUNSELORS AT LAW

July 18, 2016

VIA CERTIFIED MAIL (#7015 1730 0000 0555 4883)

Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Midpoint Group, LP – Certificate of Limited Partnership

Dear Sir or Madam:

Pursuant to your letter dated July 1, 2016, a copy of which is enclosed, please find a Certificate of Limited Partnership for Midpoint Group, LP. The name designated in our prior Certificate of Limited Partnership was unavailable therefore we have selected a new name. We previously sent a check in the amount of \$1,052.50 for payment, which was not returned to our office, therefore I assume that you retained this check for payment.

Should you have any questions, please feel free to call my office.

Sincerely,

P. Michelle McGee
michelle@fleetsmithlaw.com

PMM/pr

Enclosures: As stated.

cc: client

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

1. Midpoint Group, 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. 4640 Gulfstarr Drive

(Street address of initial designated office)

Destin, FL 32541

3. P. Michelle McGee

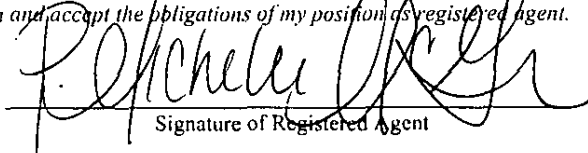
(Name of Registered Agent for Service of Process)

4. 1283 Eglin Parkway, Suite A

(Florida street address for Registered Agent)

Shalimar, FL 32579

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 Agent

6. 4640 Gulfstarr Drive

(Mailing address of initial designated office)

Destin, FL 32541

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 Grisoff, Sr.

4640 Gulfstarr Drive

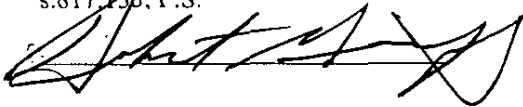
Destin, FL 32541

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 _____ day of July, 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.817.136, 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

Page 2 of 2

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