Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 : (407)425-7010

Fax Number : (407)425-2747

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA/FOREIGN LP/LLLP TALLAND PARK, LTD.

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Corporate Filing Menu

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S Warren

AUG 1 5 2016

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TALLAND PARK, LTD.	
	nership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partners	hip and fees are submitted for filing.
Please return all correspondence concerning	this matter to:
N. Dwayne Gray, Jr., Esq.	
Contact Person	
Zimmerman Kiser Sutcliffe, P.A.	
Firm/Company	
315 E. Robinson Street, Suite 6	00
Address	
Orlando, Florida 32801	
City, State and Zip Code	
dgray@zkslawfirm.com E-mail address: (to be used for future annual re	port notification)
For further information concerning this matt	ter, please call:
	at ()
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amoun	nt:
\$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 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
CR2P030 (01/06)	

I._TALLAND PARK, LTD.

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

(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. 1105 Kensington Park Drive, Suite 200
(Street address of initial designated office)
Altemonte Springs, Florida 32714
3. N. Dwayne Gray, Jr., Esq.
(Name of Registered Agent for Service of Process)
4,315 E. Robinson Street, Suite 600
(Florida street address for Registered Agent)
Orlando, Florida 32801
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 6,1105 Kensington Park Drive, Suite 200 (Mailing address of initial designated office)
Altamonte Springs, Florida 32714
7. If limited partnership elects to be a limited liability limited partnership, check box
Page 1 of 2 Page

alland Park GP, LLC		1105 Kensi	ngton Park D	лive, St	e 200
	_	Altamonte	Springs, Fl	orida 3	2714
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Effective date, if other than the date of f	ilium.		10-0	KS.	45
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ned this day o	f_Fu	Sust	, 2016	<u> </u>	9
gnature of each general partner: I/ ted herein are true. I/We am/are a cument to the Department of State 17.155, F.S.	We subn	nit this docume t any false info	nt and affirm the	nat the fa ted in a	
alland Park GP/LLC By: W	_			<u>-</u>	
onathan Wolf, Manager	_				
ling Fees: ertified Copy (optional):	\$1,000. \$52.50	00 (\$965 Filing)	Fee and \$35 Regist	tered Agei	nt Pee)

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