

Division of Corporations

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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 : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

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

Email Address: roger.yates@gmail.com

**FLORIDA/FOREIGN LP/LLP
OAK RIDGE ENTERPRISES, LP**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$1,052.50

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TALLAHASSEE, FLORIDA

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November 14, 2016

FLORIDA DEPARTMENT OF STATE

DEAN MEAD EGERTON BLOODWORTH CAPOVANO & BOZARTH, PA
Division of Corporations

SUBJECT: OAK RIDGE, LP
REF: W16000076704

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

The document number of the name conflict is P98000086010.

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.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H16000278598
Letter Number: 816A00024297

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

1. Oak Ridge Enterprises, 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. 14908 Wise Way, Fort Myers, FL 33905

(Street address of initial designated office)

3. J. Roger Yates

(Name of Registered Agent for Service of Process)

4. 14908 Wise Way, Fort Myers, FL 33905

(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.*


Signature of Registered Agent

6. 14908 Wise Way, Fort Myers, FL 33905

(Mailing address of initial designated office)

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

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FLORIDA

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8. Name and business address of each general partner:

Name: L15000085879 Business Address:
Yates Group USA, LLC 14906 Wise Way
Fort Myers, FL 33905

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 7th day of November, 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.817.135, F.S.

[Signature]
[Signature]

[Signature]
[Signature]

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
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