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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

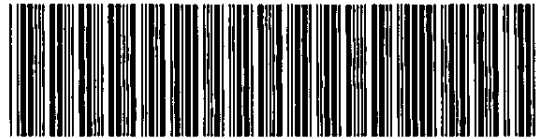
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2016 DEC 30 P 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. BRUCE
JAN 03 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Frances Grace LP

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:

Kent Flannery

Contact Person

Frances Grace LP

Firm/Company

144 Balfour Drive

Address

Marco Island, FL 34145

City, State and Zip Code

Kent@ignitepayments-mpls.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kent Flannery at (952) 960-0229

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

CR2E030 (01/06)

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TALLAHASSEE, FL
STATE SECRETARY OF
CORPORATIONS

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

1. Frances Grace 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. 144 Balfour Drive

(Street address of initial designated office)

Marco Island, FL 34145

3. Kent Flannery

(Name of Registered Agent for Service of Process)

4. 144 Balfour Drive

(Florida street address for Registered Agent)

Marco Island, FL 34145

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. 144 Balfour Drive

(Mailing address of initial designated office)

Marco Island, FL 34145

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

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TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

Kent Flannery

144 Balfour Drive

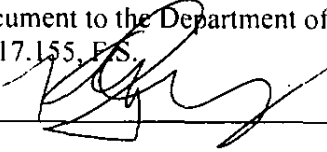
Marco Island, FL 34145

9. Effective date, if other than the date of filing: 01/01/2017

(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 22nd day of December, 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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TALLAHASSEE, FLORIDA