

AM000000104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

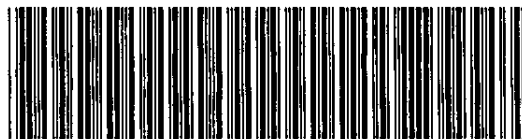
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rec. corrected doc. 3/6/2017
gfm

444-14757

Office Use Only



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02/15/17--01004--018 **1000.00

FILED
2017 MAR - 6 PM 2:14
RECEIVED
MAR 6 2017

M. MILLIGAN

MAR - 6 2017,

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GNIC LLP
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:

ZACHARY ARBART SMITH
Contact Person

509 NORTH POINT ROAD
Firm/Company
Address

ST. AUGUSTINE, FL 32084
City, State and Zip Code

ZACKGATOR @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZACHARY A. SMITH at (904) 382 2019
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

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

FILED
2017 MAR -6 PM 2:14
CLERK OF CIRCUIT COURT
JULIA A. BARNES

1. GNIC LLLP

(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. 509 NORTH POINT ROAD
(Street address of initial designated office)

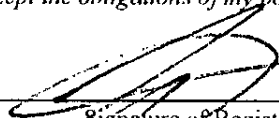
ST. AUGUSTINE, FL 32084

3. ZACHARY A. SMITH
(Name of Registered Agent for Service of Process)

4. 509 NORTH POINT RD
(Florida street address for Registered Agent)

ST. AUGUSTINE, FL 32084

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. 509 NORTH POINT ROAD
(Mailing address of initial designated office)

ST. AUGUSTINE, FL 32084

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:

Zachary A. Smith

509 North Point Road

St. Augustine, FL 32084

[SEE ATTACHED PAGES FOR
ADDITIONAL PARTNERS]

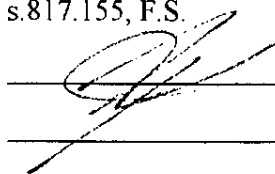
FILED
MAR - 6 PM 2:14
CLERK OF COURT
JANUARY 6, 2017
ST. AUGUSTINE, FL

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 27 day of January, 2017

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:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

you have received this communication in error please return it to the sender and then delete the e-mail and destroy any copies of it. Whilst reasonable precautions have been taken to ensure no software viruses are present in our emails we cannot guarantee that this e-mail or any attachment is virus-free or has not been intercepted or changed. Any opinions or other information in this e-mail that do not relate to the official business of Arcadis are neither given nor endorsed by it.

8. Name and business address of each general partner

Name

Business Address

John Filley Newcomb

1938 Upper Lake Drive

Reston, VA 20191-3620

Judith Kathleen Newcomb

1938 Upper Lake Drive

Reston, VA 20191-3620

I, the undersigned, do hereby declare that the foregoing

information is true and correct, and that the document is filed by the Florida Department of State.

Signed this 7th day of February 2017

Signature of each general partner. I We solemnly swear that the facts stated herein are true. I We are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.055, F.S.

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (non-refundable) and \$55.00 (notary fee)

\$52.50

\$8.75

Page 2 of 2

SECRETARY OF STATE
FILED
2017 MAR -6 PM 2:14

8. Name and business address of each general partner:

Name:

* Business Address:

*

JEFF WHITTLE

9646 Douglas Ave.
Dallas TX 75225

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2017 MAR - 6 PM 2:14
CLERK OF COURT
STATE OF FLORIDA

9. Effective date, if other than the date of filing: _____

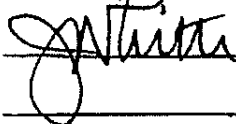
(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

*

Signed this 7th day of February, 2017.

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:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

8. Name and business address of each general partner:

Name:

* Curt A. Cramer

* Business Address:

1053 Burns St.
Detroit MI 48214

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 31st day of January, 2017.

Signature of each general partner: (We submit this document and affirm that the facts stated herein are true. (We are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in § 84A.05, F.S.)

* Curt A. Cramer

Filing Fees:

\$1,000.00 (90% of fee) and \$55 Registration Agent Fee

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

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2017 MAR -6 PM 2:14
STATE OF FLORIDA
CLERK OF THE COURT

8. Name and business address of each general partner

Name

Business Address

Charles Newcomb

1914 Perry Avenue

Wilmington, NC 28403

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2017 MAR -6 PM 2:14
CLERK OF COURT
JULIA A. BOSTON

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 30 day of January, 2017

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.

[Signature]

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

8. Name and business address of each general partner

Name

Business Address

* MATT BLYAN

311 E. PARK AVE

TALLAHASSEE, FL 32301

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 13th day of February

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. 817.17, F.S.

* [Signature]

Filing Fees:

\$1,000.00 (\$960 Filing Fee and \$40 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

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2017 MAR -6 PM 2:14
TALLAHASSEE, FL
STATE DEPARTMENT OF
RECORDS & ADMINISTRATION