

A17000000470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

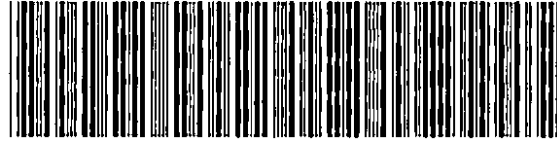
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

name  
017-83380

Office Use Only



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17 OCT 18 AM 9:45

17 OCT 18 PM 5:08



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 19, 2017

INCORPORATING SERVICES, LTD

SUBJECT: EXCELLENT HARVEST, LP  
Ref. Number: W17000083380

We have received your document for EXCELLENT HARVEST, LP and your check(s) totaling \$1000.00. 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.

The document number of the name conflict is L15000195429.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 517A00021099

17 OCT 20 AM 11:16

October 18, 2017

Florida Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Consent to the Use of Name**

Dear Sir/Madame:

Please be advised that the undersigned, Excellent Harvest, LLC, a Florida limited liability company (the "**Company**") does hereby consent to the use of the name "Excellent Harvest" by the newly formed Florida limited partnership, Excellent Harvest, LP (the "Partnership").

Further, the Company consents to the Partnership's filing of all associated registrations with the Florida Secretary of State using the Excellent Harvest name.

Dated: October 18, 2017

  
\_\_\_\_\_  
Mace Wolf  
Manager, Excellent Harvest, LLC

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incserv.com  
e-mail: info@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE** 10/18/2017

**PRIORITY** Routine

**OUR REF # (Order ID#)** 605468

**ORDER ENTITY**

EXCELLENT HARVEST, LP

**PLEASE PERFORM THE FOLLOWING SERVICES:**

EXCELLENT HARVEST, LP ( FL )

New LP filing

**NOTES:**

\$1,000.00 Authorized

Please honor the original submission date as the file date, thanks!

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

1. EXCELLENT HARVEST, 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 L.L.L.P.

2. 9045 Strada Stell Court, Suite 500, Naples, FL 34109

(Street address of initial designated office)

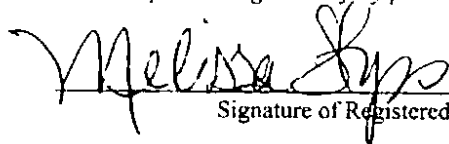
3. Incorporating Services, Ltd.

(Name of Registered Agent for Service of Process)

4. 1540 Glenway Drive, Tallahassee, FL 32301

(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. 9045 Strada Stell Court, Suite 500, Naples, FL 34109

(Mailing address of initial designated office)

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

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17 OCT 18 AM 9:43

me

8. Name and business address of each general partner:

Name:

Business Address:

Mace Wolf

14220 N. Honeybee Trail

Oro Valley, AZ 85755

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17 OCT 18 AM 9:48  
DIVISION OF

9. Effective date, if other than the date of filing: October 18, 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 18<sup>th</sup> day of OCTOBER, 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.

Mace Wolf

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**