

A17000000562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

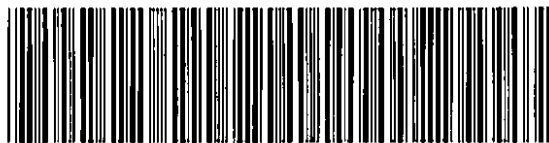
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200305756492

17 NOV 21 PM 2:33
RECEIVED

FILED
SECRET OF STATE
DIVISION OF CORPORATE AFFAIRS
17 NOV 21 AM 9:18

M. MILLIGAN

NOV 22 2017

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 11-21-17
ACCT. I20160000072

encl SW

Name:	<u>HARPERS POINTE .L.P.</u>
Document #:	
Order #:	<u>10722303</u>

Certified Copy of Arts & Amend:		<u>Five part filing!</u> <u>Please File THIRD</u>	
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input type="checkbox"/>
	<u>COGS: <input type="checkbox"/></u>

Please return a Cert of Status

Availability	_____
Document	_____
Examiner	_____
Updater	_____
Verifier	_____
W.P. Verifier	_____
Ref#	_____

Amount: \$ 1008.15



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Harper's Pointe, L.P.

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:

William A. Markel

Contact Person

c/o Affordable Equity Partners

Firm/Company

206 Peach Way

Address

Columbia, MO 65203

City, State and Zip Code

wmarkel@jesmith.com

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

For further information concerning this matter, please call:

William A. Markel

Name of Contact Person

at (573)

443-2021

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)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 NOV 21 AM 9:18

1. Harper's Pointe, L.P.

(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. 206 Peach Way, Columbia, MO 65203

(Street address of initial designated office)

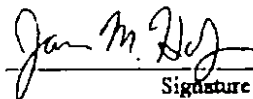
3. C T Corporation System

(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road, Plantation, Florida 33324

(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.*



James M. Halpin
Assistant Secretary

Signature of Registered Agent

6. 206 Peach Way, Columbia, MO 65203

(Mailing address of initial designated office)

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:

JES Partnerships-Harper's Pointe, L.L.C.

206 Peach Way, Columbia, MO 65203

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 _____ day of November _____, 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.

JES Partnerships-Harper's Pointe, L.L.C.,

By: JES Florida Partnerships Member, L.L.C., Sole Member

By: William A. Markel, Vice President

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

RECEIVED
DIVISION OF CORPORATIONS
NOV 21 AM 9:18