

A17000000563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

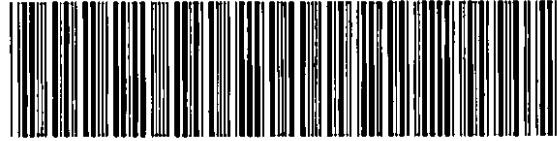
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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17 NOV 21 PM 2:34

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 NOV 21 AM 9:28

M. MILLIGAN

NOV 22 2017

CT CORP

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

Date: 11-21-17
ACCT. I20160000072

eric SW

Name:	<u>ORCHARD SPRINGS, L.P.</u>
Document #:	
Order #:	<u>10722303</u>

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

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input type="checkbox"/>
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Please return a Cert of Status

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

Amount: \$ 1008.15

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orchard Springs, 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

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

FILED IN STATE
SECRETARY OF CORPORATIONS
NOV 21 AM 9:28

1. Orchard Springs, 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)

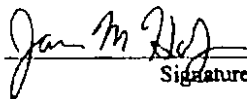
3. C T Corporation System

(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

