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(((H17000311873 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: ZIMMERMAN, KISER, & SUTCLIFFE, P.A. Account Name

Account Number : I19990000006 : (407)425-7010 Phone : (407)425-2747 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## FLORIDA/FOREIGN LP/LLLP

Norton Commons, Ltd.

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Certified Copy	0
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Helph SCOTT DEC 1 . 2017

## COVER LETTER

(((H17000311873 3)))

TO: Registration Section Division of Corporations		
SUBJECT: NORTON COMMONS, I	LTD.	
Name of Florida Limited Parts	nership or Limited Liability Limited Partnership	
The enclosed Certificate of Limited Partners	hip and fees are submitted for filing.	
Please return all correspondence concerning	this matter to:	
N. Dwayne Gray, Jr., Esq.		
Contact Person		
Zimmerman Kiser Sutcliffe, P.A.		
Firm/Company	<del></del>	
315 E. Robinson Street, Suite 60	00	
Address	<del></del>	
Orlando, FL 32801		
City, State and Zip Code		
ilagmav@wendovergroup.com		
Jlagmay@wendovergroup.com E-mail address: (to be used for future annual rep	port notification)	
For further information concerning this matte		
Amy Jellicorsé	at (407 ) 425÷7010	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check for the following amount	t:	
\$1,000.00 Filing Fees S1,008.75 Filing Fees and S35 Registered Agent Fee)  \$1,000.00 Filing Fees and S1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Filing Fees and Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	• 1
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	٠ -
Clifton Building	P. O. Box 6327	1 4 4
2661 Executive Center Circle	Talianassee, PL 32314	
Tallahassee, FL 32301	· · ·	
CR2E030 (01/06)	्र (न	

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

NORTON COMMONS, LTD.
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) (coeptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. (coeptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
2602 Merida Lane
(Street address of initial designated office)
Tampa, FL 33618
N. Dwayne Gray, Jr., Esq.
(Name of Registered Agent for Service of Process)
315 E. Robinson Street, Suite 600
(Florida street address for Registered Agent)
Orlando, FL 32801
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 statues 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  2602 Merida Lane
(Mailing address of initial designated office)
Tampa, FL 33618
If limited partnership elects to be a limited liability limited partnership, check box
Page 1 of 2

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8. Name and business address of each general Name:	cral partner: Business Address:
Norton Commons GP,LLC	2602 Merida Lane
	Tampa, FL 336 <sub>1</sub> 18
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9. Effective date, if other than the date of filing:	
(Effective date cannot be prior to nor more filed by the Florida Department of State.)	than 90 days after the date the document is
Signed this 2 & 44 day of M	ovember 2017
stated herein are true. I/We am/are aware th	omit this document and affirm that the facts and any false information submitted in a situtes a third degree felony as provided for in
Norton Commons GP, LLC, a Florida limi	ited liability company
By: James E. Dyal, Manager	An F. Shal
Certified Copy (optional): \$52.5	
Certificate of Status (optional): \$8.75 Pag	e 2 of 2