

A18000000116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

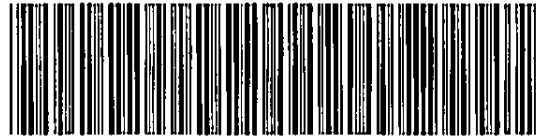
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900310039259

03/13/18--01015--024 **1061.25

FILED
18 MAR 13 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

MAR 16 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SFSP LIMITED PARTNERSHIP
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:

DENNIS H. BLACKSTONE
Contact Person
SFSP LIMITED PARTNERSHIP
Firm/Company
6111 BECKET SOUND PKWY NW STE 150
Address
BOCA RATON, FL 33487
City, State and Zip Code
dblackstone@the-finchgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENNIS H. BLACKSTONE at (561) 998-0700 X119
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

1. SFP Limited Partnership

(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.P.

2. 6111 Broken Sound Pkwy NW Ste 150
(Street address of initial designated office)

Boca Raton, FL 33487

3. BRENDA SCHAFER
(Name of Registered Agent for Service of Process)

4. 6111 Broken Sound Pkwy NW Ste 150
(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.

Brenda L. Schaffer
Signature of Registered Agent

6. 6111 Broken Sound Pkwy NW Ste 150
(Mailing address of initial designated office)

Boca Raton, FL 33487

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:

Wesley E. Finley

6111 Brown Sound Pkwy NW Ste 100

DOLA River FL 33407

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 12th day of May, 2018

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.

W. E. Finley

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

Page 2 of 2

FILED
10 MAR 13 AM 11:40
CLERK OF STATE
TALLAHASSEE, FLORIDA