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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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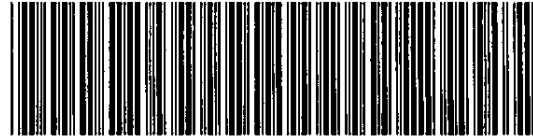
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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TALLAHASSEE, FLORIDA

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APR 16 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Sparkman House Luxury Bed and Breakfast, LP
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:

Theresa Clinton

Contact Person

The Sparkman House Luxury Bed and Breakfast, LP
Firm/Company

707 N Collins Street
Address

Plant City, FL 33563
City, State and Zip Code

K_T_Enterprises@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Clinton at (813) 787.6068
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

CR2E030 (01/06)

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

1. The Sparkman House Luxury Bed and Breakfast, 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 LLLP.

2. 707 N Collins Street

(Street address of initial designated office)

Plant City, FL 33563

3. Robin Rae Huntley, EA

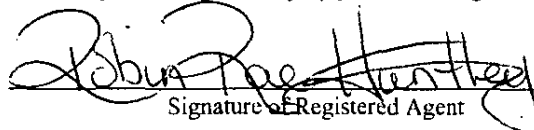
(Name of Registered Agent for Service of Process)

4. 200 Frandorson Circle, Ste 210

(Florida street address for Registered Agent)

Apollo Beach, FL 33572

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. 707 N Collins Street

(Mailing address of initial designated office)

Plant City, FL 33563

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:

Theresa Clinton

707 N Collins Street

Plant City, FL 33563

Kenneth Clinton

707 N Collins Street

Plant City, FL 33563

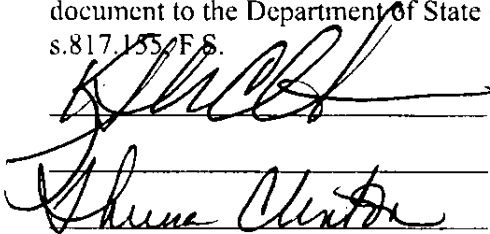
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TALLAHASSEE, FLORIDA

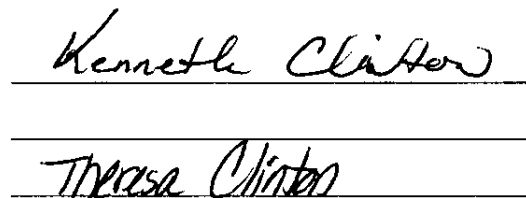
9. Effective date, if other than the date of filing: _____.

(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 20 day of March, 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.


Theresa Clinton


Kenneth Clinton

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75