

Apr. 23. 2018 1:42PM

GRAY ROBINSON

No. 0151 P. 1

4/23/2018

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From: Carrie Ramos, FRP Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407)843-8880  
Fax Number : (407)244-5690

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

Email Address: GGrove@gmail.org

FLORIDA/FOREIGN P/LLLP  
Main Beach Sojourn, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

2018 APR 23 A 11:38

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Help

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

1. Main Beach Sojourn, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P. or Ltd.*  
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or L.L.L.P.*

2. 15 Piedmont Center, Suite 930, 3575 Piedmont Road, NE  
(Street address of initial designated office)

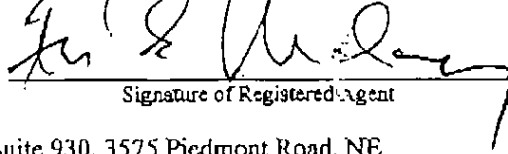
Atlanta, Georgia 30305

3. Frank E. Maloney, Jr.  
(name of Registered Agent for Service of Process)

4. 445 East Macclenny Avenue  
(Florida street address for Registered Agent)

Macclenny, Florida 32063

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 am familiar with and accept the obligations of my position as registered agent.*

  
Signature of Registered Agent

6. 15 Piedmont Center, Suite 930, 3575 Piedmont Road, NE  
(Mailing address of initial designated office)

Atlanta, Georgia 30305

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

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## 8. Name and address of each general partner:

Name:

Amelia Atlantic, Inc.

Business Address:15 Piedmont Center, Suite 930,  
3575 Piedmont Road, NE  
Atlanta, Georgia 30305

## 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 20th day of April, 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.

AMELIA ATLANTIC, INC.,  
a Florida corporationBy:   
Gregory K. Grove, 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

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