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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

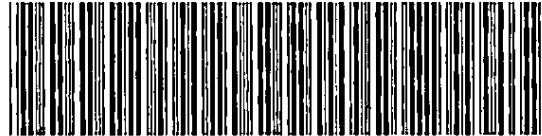
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LES W. BURKE *
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DOUGLAS L. SMITH *
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WILLIAM S. HENRY **
JOY MARLER MASTERS * *
NEVIN J. ZIMMERMAN
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NATALIE A. MCSWANE
WILLIAM C. HENRY ****
SANDRA A. WILSON *

April 25, 2018

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: D & P McCormick, Ltd.; Our File No. M377-10704

Dear Registration Section,

Please find attached a cover letter and Certificate of Limited Partnership for D & P McCormick, Ltd. Also enclosed is our Firm's check in the amount of \$1,000 to cover the cost of filing this new entity. Please file accordingly.

Should you have any questions or comments, please do not hesitate to contact our office. Thank you!

Sincerely,

BURKE BLUE HUTCHISON WALTERS & SMITH, PA

A handwritten signature in black ink, appearing to read "Catherine M. Ford".

Catherine M. Ford, Legal Assistant to
Edward A. Hutchison, Jr.

/cmf
Enclosures

☒ PANAMA CITY
221 MCKENZIE AVENUE
PANAMA CITY, FLORIDA 32401
TELEPHONE (850) 769-1414
FACSIMILE (850) 784-0857

☐ PANAMA CITY BEACH
16215 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FLORIDA 32413
TELEPHONE (850) 236-4444
FACSIMILE (850) 236-1313

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D & P McCormick, Ltd.

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:

Patricia M. McCormick

Contact Person

Firm/Company

1405 Georgia Ave.

Address

Lynn Haven, FL 32444

City, State and Zip Code

mccormickcci@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia M. McCormick at (850) 265-2031

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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. D & P MCCORMICK, LTD.

(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. 1405 GEORGIA AVE.

(Street address of initial designated office)

LYNN HAVEN, FL 32444

3. PATRICIA M. MCCORMICK

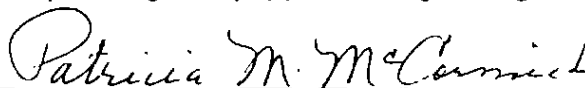
(Name of Registered Agent for Service of Process)

4. 1405 GEORGIA AVE.

(Florida street address for Registered Agent)

LYNN HAVEN, FL 32444

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. 1405 GEORGIA AVE.

(Mailing address of initial designated office)

LYNN HAVEN, FL 32444

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

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TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

MCCORMICK GP, INC.

1405 GEORGIA AVE.

LYNN HAVEN, FL 32444

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RECORDING
TALLAHASSEE, FLORIDA

FILED

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 31st day of JANUARY, 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.

Patricia M. McCormick

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75