

May 4, 2018 12:31 PM  
5/4/2018

Zimmerman Kiser & Sutcliffe  
Division of Corporations

Page 1 of 1

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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: Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.  
Account Number : 119990000006  
Phone : (407)425-7010  
Fax Number : (407)425-2747

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Email Address: jlagmay@wendovergroup.com

FLORIDA/FOREIGN LP/LLLP  
Arive on Gaines, Ltd.

Certificate of Status	0
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

K SALV  
MAY -7 2018

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARIVE ON GAINES, 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:

N. Dwayne Gray, Jr., Esq.

Contact Person

Zimmerman Kiser Sutcliffe, P.A.

Firm/Company

315 E. Robinson Street, Suite 600

Address

Orlando, Florida 32801

City, State and Zip Code

dgray@zkslawfirm.com

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

For further information concerning this matter, please call:

Amy Jellicorse

Name of Contact Person

at (407)

425-7010

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)

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

FILED  
18 MAY -4 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. ARIVE ON GAINES, 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.P.,  
or LLLP.

2. 1105 Kensington Park Drive, Suite 200

(Street address of initial designated office)

Altamonte Springs, Florida 32714

3. N. Dwayne Gray, Jr., Esq.

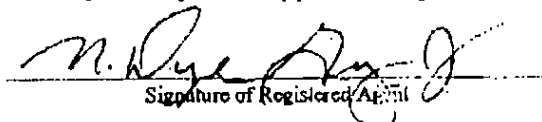
(Name of Registered Agent for Service of Process)

4. 315 E. Robinson Street, Suite 600

(Florida street address for Registered Agent)

Orlando, Florida 32801

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. 1105 Kensington Park Drive, Suite 200

(Mailing address of initial designated office)

Altamonte Springs, Florida 32714

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

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8. Name and business address of each general partner:

Name:

Business Address:

Arive on Gaines GP, LLC

1105 Kensington Park Drive, Ste 200

Allamonte Springs, Florida 32714

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\_\_\_\_\_

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 1st 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.

Arive on Gaines GP, LLC

By: [Signature]

Jonathan Wolf, Manager

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**

Page 2 of 2

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18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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