

# A180000000413

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Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6303

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: nathangwhittaker@icloud.com

FLORIDA/FOREIGN LP/LLP  
Robins Nest RV Park LP

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


1. Robins Nest RV Park 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. 3100 SE 3rd Avenue, Ocala, FL 34471  
*(Street address of initial designated office)*

3. Nathan Whittaker  
*(Name of Registered Agent for Service of Process)*

4. 3100 SE 3rd Avenue, Ocala, FL 34471  
*(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.*

  
Signature of Registered Agent

6. 3100 SE 3rd Avenue, Ocala FL 34471  
*(Mailing address of initial designated office)*

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:

Robins Nest RV Manager, Inc.

3100 SE 3rd Avenue

Ocala, FL 34471

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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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 24 day of Sept, 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.

[Signature]  
\_\_\_\_\_  
\_\_\_\_\_

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