Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000364508 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page, Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

1 (650) 617-6383

From

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ö.

Account Name | DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUAND DOLLETH,

: (407)841-1200

Phone Fax Number

: (407)423-1831

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

East1 Address: meredithwilcke@gmail.com

## FLORIDA/FOREIGN LP/LLLP Miller Wilcke Investments, Ltd.

Certificate of Status	0	
Certifled Copy	11	
Page Count	03	
Estimated Charge	\$1,052.50	

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EXAMINER

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CR2E030 (6/17)

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## **COVER LETTER**

TO: Registration Section Division of Corporations	·
SUBJECT: Miller Wilcke Investments, Ltd.	
30 ma 60 x 1	p or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partnership and	d fees are submitted for filing.
Please return all correspondence concerning this m	atter to:
Meredith L. Wilcke	
Contact Person	
Miller Wilcke Investments, Ltd.	
Firm/Company	
100 Oakleigh Drive	
Address	
Maitland, FL 32751	DEC 27
City, State and Zip Code	C 2
meredithwilcke@gmail.com	
E-mail address: (to be used for future annual report not	fication)
For further information concerning this matter, plea	ase call:
at (	
Name of Contact Person Are	ea Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
\$1,000,00 Filing Fees \$1,008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	\$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

(((H18000364508 3)))

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

M Oaldaiah Daina	
00 Oakleigh Drive	
	(Street address of initial designated office)
Maidand, FL 32751	
orodith L. Wilcke	
	(Name of Registered Agent for Service of Process)
00 Oakleigh Drive	
	(Florida street address for Registered Agent)
hereby accept the appoint the provisions of all state	(Florida street address for Registered Agent)  International agent and agree to act in this capacity. I further agree to the proper and complete performance of my duties, and I am for a first of my position as registered agent.
the provisions of all state	niment as registered agent and agree to act in this capacity. I further agree to utes relative to the proper and complete performance of my duties, and I am fo
hereby accept the appoint the provisions of all state	ntment as registered agent and agree to act in this capacity. I further agree to utes relative to the proper and complete performance of my duties, and I am for any position as registered agent.
hereby accept the appoint the provisions of all state and accept the obligation	ntment as registered agent and agree to act in this capacity. I further agree to utes relative to the proper and complete performance of my duties, and I am for any position as registered agent.
hereby accept the appoint the provisions of all state and accept the obligation	ntment as registered agent and agree to act in this capacity. I further agree to utes relative to the proper and complete performance of my duties, and I am for a sof my position as registered agent.  Signature of Registered Agent
hereby accept the appoint the provisions of all state and accept the obligation of Oakleigh Drive	ntment as registered agent and agree to act in this capacity. I further agree to utes relative to the proper and complete performance of my duties, and I am for a sof my position as registered agent.  Signature of Registered Agent
hereby accept the appoint the provisions of all state and accept the obligation of Oakleigh Drive	niment as registered agent and agree to act in this capacity. I further agree to utes relative to the proper and complete performance of my duties, and I am for a sof my position as registered agent.  Signature of Registered Agent  (Mailing address of initial designated office)
hereby accept the appoint the provisions of all state and accept the obligation of Oakleigh Drive	niment as registered agent and agree to act in this capacity. I further agree to utes relative to the proper and complete performance of my duties, and I am for a sof my position as registered agent.  Signature of Registered Agent  (Mailing address of initial designated office)

## (((H18000364508 3)))

8. Name and business address of e Name:	h general partner: Business Address:	
Miller Wilcke Management, LLC	100 Oakleigh Drive	
(18-291	Maidand, FL 32751	
9. Effective date, if other than the (Effective date cannot be prior to n the Florida Department of State.) Note: If the date inserted in this blothis date will not be listed as the do	more than 90 days after the does not meet the applica	ble statutory filing requirements,
Signed this $23$	day of Deems	~ 2018 °
Signature of each general partner: I herein are true. I/We am/are aware Department of State constitutes a ti	at any false information sul	bmitted in a document to the d for in s.817.155.
Filing Fees: Certifled Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee ar \$52,50 \$8.75	nd \$35 Registered Agent Fee)
	Page 2 of 2	