

**A18000000643**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**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.**

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**To:**

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

**From:**

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
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.\*\***

**Email Address:** kmiller1028@me.com

**FLORIDA/FOREIGN LP/LLP  
Beresford Sawmill Investments, Ltd.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	<b>\$1,052.50</b>

**T. CLINE**  
DEC 28 2018

**EXAMINER**

2018 DEC 27 AM 10:22

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Beresford Sawmill Investments, 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:

Kevin M. Miller

Contact Person

Beresford Sawmill Investments, Ltd.

Firm/Company

1610 Huron Trail

Address

Maitland, FL 32751

City, State and Zip Code

kmiller1028@me.com

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

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Contact Person 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

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

1. Beresford Sawmill Investments, 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 LLP.

2. 1610 Huron Trail  
(Street address of initial designated office)  
Maitland, FL 32751

3. Kevin M. Miller  
(Name of Registered Agent for Service of Process)

4. 1610 Huron Trail  
(Florida street address for Registered Agent)  
Maitland, FL 32751

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. 1610 Huron Trail  
(Mailing address of initial designated office)  
Maitland, FL 32751

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:

Madison Sawmill, LLC

1610 Huron Trail

L18-291112

Maitland, FL 32751

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 DEPT. OF STATE  
 TALLAHASSEE, FLORIDA

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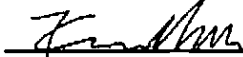
## 9. Effective date, if other than the date of filing: \_\_\_\_\_

(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 21st day of December, 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.



Kevin M. Miller

## 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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