

AK800000 0 0644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

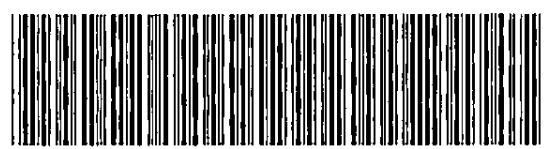
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/27/18--01029--005 \*\*1000.00

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18 DEC 27 PM 12:44

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2018 DEC 27 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

U/S  
12-28-18

**SUNSHINE CORPORATE FILING OF FLORIDA INC.**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

(850) 656-4724

DATE 12/27/2018

**\*\*WALK IN\*\***

ENTITY NAME COTTER FAMILY LIMITED PARTNERSHIP

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$1000.00

CHECK # 5599

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COTTER FAMILY LIMITED PARTNERSHIP  
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:

Brenda Hodges Binder, Paralegal  
Contact Person

Miller & Martin PLLC  
Firm/Company

832 Georgia Avenue, Suite 1200  
Address

Chattanooga, TN 37402  
City, State and Zip Code

brenda.binder@millermartin.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Hodges Binder at ( 423 ) 785-8257  
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

CR2E030 (01/06)

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

1. COTTER FAMILY LIMITED PARTNERSHIP

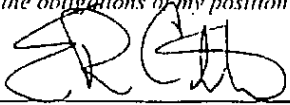
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*  
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.,  
or LLLP.*

2. 360 Palmetto Point, Vero Beach, Florida 32963  
(Street address of initial designated office)

3. E. Robert Cotter  
(Name of Registered Agent for Service of Process)

4. 360 Palmetto Point  
(Florida street address for Registered Agent)  
Vero Beach, Florida 32963

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.*

By:   
Signature of Registered Agent

6. 360 Palmetto Point, Vero Beach, Florida 32963  
(Mailing address of initial designated office)

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:

E. Robert Cotter

360 Palmetto Point

Vero Beach, Florida 32963

Elizabeth C. McGroarty

One Westmere Avenue

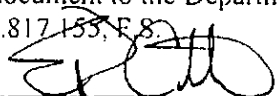
Rowayton, Connecticut 06853

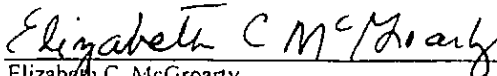
9. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date the document filed by the Florida Department of State.)*

Signed this 19<sup>th</sup> 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.

  
E. Robert Cotter

  
Elizabeth C. McGroarty

**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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TALLAHASSEE, FLORIDA

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