

A19000000059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019 JAN 31 AM 10:56  
SECURITY OFFICE  
JAN 31 2019

M. MILLIGAN  
JAN 31 2019

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WRDG T3D, LP  
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:

Ricardo L. Gilmore, Esq.

Contact Person

Saxon Gilmore & Carraway, P.A.

Firm/Company

201 E. Kennedy Blvd, Suite 600

Address

Tampa, FL 33602

City, State and Zip Code

FLCORP@Saxongilmore.com

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

For further information concerning this matter, please call:

Kari Power at (813) 314-4542

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☒ \$1,061.25 Filing Fees,  
((\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and  
\$35 Registered Agent Status Fee) 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 (6/17)

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

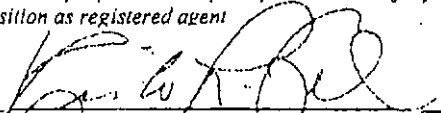
1. WRDG T3D, LP  
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 5301 West Cypress Street  
(Street address of initial designated office)  
Tampa, FL 33607 U.S.

3. Ricardo L. Gilmore, Esq.  
(Name of Registered Agent for Service of Process)

4. 201 E. Kennedy Blvd., Suite 600  
(Florida street address for Registered Agent)  
Tampa, FL 33602

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.

  
RICARDO L. GILMORE, ESQ.  
Signature of Registered Agent

6. 5301 West Cypress Street  
(Mailing address of initial designated office)  
Tampa, FL 33607 U.S.

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

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CLERK OF COURT  
CLERK OF COURT

8. Name and business address of each general partner:

Name:

Business Address:

THA T3D, LLC

5301 West Cypress Street

(Doc. #L19000024566)

Tampa, FL 33607

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 28th day of January, 2019

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.

THA T3D, LLC

By: \_\_\_\_\_

Leroy Moore, V.P. of 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

RECEIVED  
DEPARTMENT OF STATE  
JAN 31 2019

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