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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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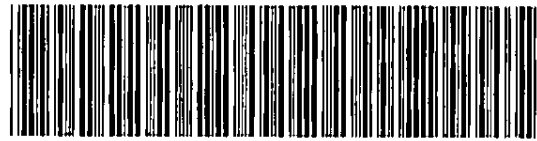
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 JUN 13 PM 4:50

**1000.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neptune Naples, LLLP

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:

Conrad J. Boyle

Contact Person

Mombach, Boyle, Hardin & Simmons, P.A.

Firm/Company

100 NE 3rd Avenue, Suite 1000

Address

Fort Lauderdale, Florida 33301

City, State and Zip Code

dalec@kecnandev.com

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

For further information concerning this matter, please call:

Conrad J. Boyle

at (

954-467-2200

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 and 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 (6/17)

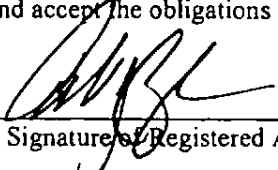
FILED
JUN 13 2013
TALLAHASSEE, FL
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19 JUN 13 PM 4:50

FILE

CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP
OF
NEPTUNE NAPLES, LLLP

1. The name of the Limited Partnership is: NEPTUNE NAPLES, LLLP, a Florida Limited Liability Limited Partnership.
2. The street address of the initial designated office of the Limited Liability Limited Partnership is: 1900 W. Commercial Boulevard, Suite 200, Fort Lauderdale, FL 33309.
3. The name of the Registered Agent for Service of Process is: Conrad J. Boyle.
4. The Florida street address for the Registered Agent is: 100 NE Third Ave, Suite 1000, Fort Lauderdale, FL 33301.
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. The mailing address of the initial designated office of the Limited Liability Limited Partnership is: 1900 W. Commercial Boulevard, Suite 200, Fort Lauderdale, FL 33309.
7. The name and business address of each General Partner:

Name:

Business Address:

KEENAN NEPTUNE, LLC

C19000108317

1900 W. Commercial Boulevard
Suite 200
Fort Lauderdale, FL 33309

Effective date, if other than the date of filing: _____

Signed this 11th day of JUNE, 2019.

Signature of each General Partner: I submit this document and affirm that the facts stated herein are true. I am 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.

KEENAN NEPTUNE, LLC, a
Florida limited liability company

By: 
Dale Chynoweth, Manager

19 JUN 13 PM 4:50
STATE
SECRETARY OF
FLORIDA