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(Red	questor's Name)	
(Add	dress)	
(Ado	dress)	
(City	//State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporations					
•					
SUBJECT: MALONE FAMILY L Name of Flor	ida Limited Partnership or		y Limited Partnersl	hip	
The enclosed Certificate of Limi	ited Partnership and fo	es are submitte	ed for filing.		
Please return all correspondence	concerning this matte	er to:			
Van P. Geeker					
Contact Pe	rson				
Emmanuel, Sheppard & Condon					
Firm/Comp	pany				
195 Grand Blvd, Suite 101					
Addres	is				
Miramar Beach, FL 32550					
City, State and 2	Zip Code				
mattkmalone@gmail.com					
E-mail address: (to be used for fu	ture annual report notifica	tion)			
For further information concerni	ng this matter, please	call:		2011	
Van P. Geeker	at (⁸⁵⁰) 460-800 0)	SE SE	
Name of Contact Person		ode and Daytime	Telephone Number	7019 SEP 2.7 UTURİTARN	
Enclosed is a check for the follo	wing amount:				
\$1,000.00 Filing Fees \$1,008.7 (\$965 Filing Fee and and Certic \$35 Registered Agent Status Fee)		50 Filing Fees tified Copy	\$1.061.25 Filing Certified Copy, Certificate of St	400 C	\subset
STREET ADDRESS:	N	AILING AD	DRESS:		
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building		O. Box 6327	22214		
2661 Executive Center Circle Tallahassee, FL 32301	1;	allahassee, FL	32314		

CR2E030 (6/17)

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

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

8. Name and business address of each Name:	h general partner: Business Address:	
MALONE INVESTMENTS, INC.	44 Port Royal Way	
P14-76238	Pensacola, FL 32502	
	TOR AND STATE OF STAT	2019 SEP 27 AM 10: 07
the Florida Department of State.) Note: If the date inserted in this block	te of filing: more than 90 days after the date the document is filed to does not meet the applicable statutory filing requirent ment's effective date on the Department of State's recomment.	I by
Signed this \mathcal{J}^{h}	day of September 2019	
herein are true. I/We am/are aware that	Ve submit this document and affirm that the facts stated at any false information submitted in a document to the degree felony as provided for in s.817.155, F.S. Matthew K. Malone, President of Malone Investme	ie
Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50	

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