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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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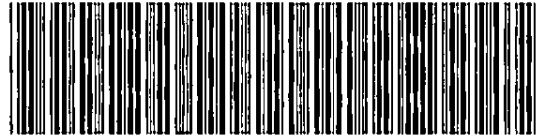
(Business Entity Name)

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D. BRUCE
OCT 19 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jimmie W. Beavers Family Limited Liability 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:

Joseph C. Denison, Sr.

Contact Person

Denison and Denison, P. C.

Firm/Company

1621 Deer Tract Road,

Address

Opelika, AL 36801

City, State and Zip Code

joseph.denisonr@gmail.com

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

For further information concerning this matter, please call:

Joseph C. Denison, Sr.

at (334) 7044571

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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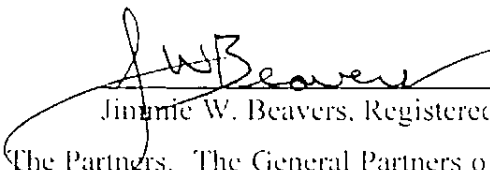
**Certificate of Limited Partnership
of the
Jimmie W. Beavers Family Limited Liability
Partnership**

A Florida Limited Liability Partnership

The undersigned does hereby certify that a Florida Limited Partnership Agreement was signed, and a Limited Partnership was formed, on September 26, 2019, in the County of Okaloosa, Florida, pursuant to the provisions of the Florida Limited Partnership Act, as follows:

1. Name: The name of this Limited Partnership is the Jimmie W. Beavers Family Limited Liability Partnership.
2. Principal Place of Business, Records Location and Registered Office: The location of the principal place of business and records location of the Limited Partnership is 50 Beal Parkway, SW, Suite 9 Fort Walton Beach, Florida 32548. The location of the registered office of the Limited Partnership is 50 Beal Parkway, SW Suite 9 Fort Walton Beach, Florida 32548.
3. Appointment and Consent to Serve as Registered Agent: The registered agent for service for this Limited Partnership is Jimmie W. Beavers whose address is 50 Beal Parkway, SW Suite 9 Fort Walton Beach, Florida 32548.

I, Jimmie W. Beavers, a natural person and resident of Florida, accept the appointment as agent of Jimmie W. Beavers Family Limited Liability Partnership upon whom process, notices and demands may be served, whose principal place of business and records are located at the address stated above. I understand that as agent it will be my responsibility to receive service of process, to forward mail, and to immediately notify the Office of the Secretary of State in the event of my resignation or of any changes in the Registered Office Address.


Jimmie W. Beavers, Registered Agent

4. The Partners. The General Partners of this Limited Partnership are: Jimmie W. Beavers and Brenda J. Beavers.
5. Residence and Mailing Address:

Jimmie W. Beavers
50 Beal Parkway, SW, Suite 9, Fort Walton Beach, Florida 32548

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The Limited Partnership shall also have such Limited Partners as are named in the Limited Partnership Agreement.

6. Term. The term of the Partnership shall be perpetual.

DATED: 9-26-19

GENERAL PARTNER:

Jimmie W. Beavers

Jimmie W. Beavers, General Partner

GENERAL PARTNER:

Brenda J. Beavers

Brenda J. Beavers, General Partner

STATE OF FLORIDA)
) ss.
COUNTY OF OKALOOSA)

The foregoing instrument was acknowledged before me this day, September 26, 2019, by Jimmie W. Beavers, as General Partner, who is personally known to me or who has produced FL driver's licenses, as identification.

[Seal]



Amy Welton
Notary Public

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NOTARY PUBLIC

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