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19 OCT 30 AM 9: N

K. SALY OCT 3 1 2019

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blairstone Pointe, LP	
Name of Florida Limited Pa	artnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partners	ship and fees are submitted for filing.
Please return all correspondence concerning	this matter to:
Misty Kent	
Contact Person	
Royal American	
Firm/Company	
1002 W. 23rd Street, Ste. 400	
Address	
Panama City, FL 32405	
City, State and Zip Code	
misty.kent@royalamerican.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matt	er, please call:
Misty Kent	at (850) ⁷⁶⁹⁻⁸⁹⁸¹
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amour	
S1,000.00 Filing Fees (\$965 Filing Fee and S35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status	 \$1,052.50 Filing Fees and Certified Copy 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)

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



Blairstone Pointe, LP
(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. 1002 W. 23rd Street, Ste. 400
(Street address of initial designated office)
Panama City, FL 32405
3. Lauretta J. Pippin
(Name of Registered Agent for Service of Process)
4 23rd Street, 3rd Floor
(Florida street address for Registered Agent)
Panama City, FL 32405
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comwith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia with and accept the obligations of my position as registered agent. Signature of Registered Agent
6. 1002 W. 23rd Street, Stc. 400
(Mailing address of initial designated office)
Panama City, FL 32405
7. If limited partnership elects to be a limited liability limited partnership, check box

Page 1 of 2

<u>Name:</u>	Business Address:	. 'ILED
RA Blairstone Pointe, LLC	1002 W. 23rd Street, Ste. 400	FILED 19 OCT 30 AH 9:
	Panama City, FL 32405	SECRETARY OF STAY
		SEE, FLORIL
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9. Effective date, if other than the of Effective date cannot be prior to n	date of filing:	document is filed by
the Florida Department of State.)		
	ock does not meet the applicable statuto cument's effective date on the Departm	
_	^	
Signed this 244	_ day of Uttober	,2019
Signature of each general partner: I	/We submit this document and affirm th	hat the facts stated
nerein are true. I/We am/are aware	that any false information submitted in	a document to the
Department of State constitutes a tr	nird degree felony as provided for in s.8	117.155, F.S.
Sentreas of Glynanger		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<u></u>
Filing Fees: Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Regist \$52.50	tered Agent Fee)
Certificate of Status (optional):	\$8.75	