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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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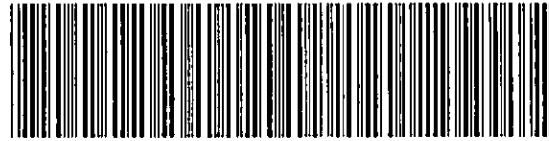
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARKER TRACE, LTD.
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:

Terry Lovell

Contact Person

Stearns Weaver Miller Weissler Alhadeff & Sitterson

Firm/Company

Address

City, State and Zip Code

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

For further information concerning this matter, please call:

Patti Tassinari

at () 850-329-4856

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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TALLAHASSEE, FLORIDA
REGISTRATION SECTION

CERTIFICATE OF LIMITED PARTNERSHIP

OF

PARKER TRACE, LTD.

Pursuant to the Florida Revised Uniform Limited Partnership Act of 2005, the undersigned, being the sole General Partner of Parker Trace, Ltd., a Florida limited partnership (the "Partnership"), hereby executes and submits for filing with the Florida Department of State this Certificate of Limited Partnership, to read as follows:

1. The name of the Limited Partnership is:

PARKER TRACE, LTD.

2. The mailing address and street address of the Partnership currently is:

3030 Hartley Road, Suite 310
Jacksonville, FL 32257

3. The name and address of the agent for service of process on the Partnership are:

Vestcor, Inc.
3030 Hartley Road, Suite 310
Jacksonville, FL 32257

4. The name and address of the General Partner of the Partnership are:

Parker Trace GP, LLC
3030 Hartley Road, Suite 310
Jacksonville, FL 32257

IN WITNESS WHEREOF, the undersigned has signed this Certificate of Limited Partnership as General Partner, pursuant to the provisions of Section 620.1204 of the Florida Revised Uniform Limited Partnership Act of 2005.

DATED: October 31, 2019

General Partner:

Parker Trace GP, LLC, a Florida limited liability company

By: Vestcor, Inc., a Florida corporation its Manager

By: Jason O. Floyd
Jason O. Floyd, Vice President

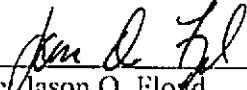
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ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned hereby accepts its appointment as registered agent for Parker Trace, Ltd., a Florida limited partnership and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties, and is familiar with and accept the obligations of its position as registered agent.

DATED: October 31, 2019

VESTCOR, INC.

By: 
Name: Jason O. Floyd
Title: Vice President

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