

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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			Art of Inc. File RAR
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			LTD Purtnership File AND 3
			Foreign Corp. File
			L.C. File
			Fictitious Name File RDM &
			Trade/Service Mark
			Merger File
			Art, of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
 Signature			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
	Data	Time	UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick	. Up	Courier

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

17 Copperbeech Lane		TAL	7020 HAR
	(Street address of initial designated office)	EC P건	Ī
Lawrence, NY 11559		X Z	70
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Rialock Walters P A		E S	P
Blalock Walters, P.A.	Olomo of Devistand Apart for Souries of Barrers		PH 4: 40
902 11sh Camara 311-14	(Name of Registered Agent for Service of Process)		Ę
802 11th Street West			0
	(Fiorida street address for Registered Agent)		
Bradenton, FL 34205			
. I hereby accept the appoint ith the provisions of all statut ith and accept the obligations	ment as registered agent and agree to act in this capacity. es relative to the proper and complete performance of my a of my position as registered agent. Signature of Registered Agent		
. I hereby accept the appoint ith the provisions of all statut	es relative to the proper and complete performance of my a sof my position as registered agent. Signature of Registered Agent		
. I hereby accept the appoint ith the provisions of all statut ith and accept the obligations	es relative to the proper and complete performance of my a s of my position as registered agent.		

Name:		Bus	iness Address:		
Dockery Farms LLC		17 (Copperbeech Lane		
		Law	rence, NY 11559		
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				2020 HAR SECRET TALLAH	
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				3 PM L3	
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the Florida Departme Note: If the date inser	be prior to r nt of State.) ted in this bl	nor more than	90 days after the a	late the document is filed statutory filing required Department of State's red	nents,
Signed this	12th	day of	March	2020	
	am/are aware	that any false third degree for Ave	e information subm		
					
Filing Fees: Certified Copy (opti Certificate of Status		\$52.50 \$8.75	(\$965 Filing Fee and \$	335 Registered Agent Fee)	