

A20000000453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

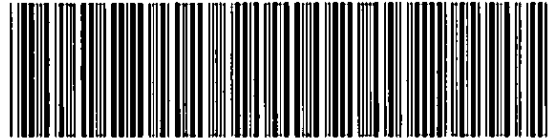
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

by 3:00  
Please

Office Use Only



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OCT 19 2020

M. SOLOMON

DEPARTMENT OF STATE  
FILING COVER SHEET

Date: 10-19-20

Requestor Name: Carlton Fields

Address: Post Office Box 190  
Tallahassee, Florida 32302

Telephone: (850) 513-3619 - direct  
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

Corporation Name: Sherwood Oaks Preservation, LP

Entity Number (if applicable):

Authorization:

Kim Pullen

☐ Certified Copy ☒ Plain Copy ☐ Certificate of Status  
( ) Call When Ready ( ✓ ) Call if Problem ( ✓ ) Walk In

✓	NEW FILINGS/OTHER FILINGS	✓	AMENDMENTS/REGISTRATION/ QUALIFICATION
	PROFIT		AMENDMENT
	NONPROFIT		RESIGNATION OF R.A., OFFICER/DIRECTOR
X	LIMITED LIABILITY - <u>Limited Partnership</u>		CHANGE OF REGISTERED AGENT
	DOMESTICATION		DISSOLUTION/WITHDRAWAL
	OTHER		MERGER
	ANNUAL REPORT		FOREIGN CORPORATION
	FICTITIOUS NAME		LIMITED PARTNERSHIP
	NAME RESERVATION		REINSTATEMENT
	APOSTILLE/LEGALIZATION		TRADEMARK
			OTHER

CF Internal Use Only

Client 04397 Matter 01717  
103078351 1

*Thank you!*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sherwood Oaks Preservation, L.P

\_\_\_\_\_  
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:

Misty Kent

\_\_\_\_\_  
Contact Person

Royal American

\_\_\_\_\_  
Firm/Company

1022 W. 23rd Street, 3rd Floor

\_\_\_\_\_  
Address

Panama City, FL 32405

\_\_\_\_\_  
City, State and Zip Code

misty.kent@royalamerican.com

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

For further information concerning this matter, 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 amount:

- ☒ \$1,000.00 Filing Fees (S965 Filing Fee and S35 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

CR2E030 (6/17)

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

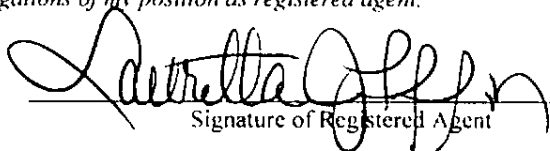
1. Sherwood Oaks Preservation, LP  
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or LLLP.

2. 1022 W. 23rd Street, 3rd Floor  
(Street address of initial designated office)  
Panama City, FL 32405

3. Lauretta J. Pippin  
(Name of Registered Agent for Service of Process)

4. 1022 W. 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 comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature of Registered Agent

6. 1022 W. 23rd Street, 3rd Floor  
(Mailing address of initial designated office)  
Panama City, FL 32405

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

FILED  
2020 OCT 19 PM 12:06  
CLERK OF DISTRICT COURT  
JANUARY 14 2021

8. Name and business address of each general partner:

Name:

Business Address:

RA Sherwood Oaks Preservation, LLC

1022 W. 23rd St., 3rd Floor

Panama City, FL 32405

DEPT. OF STATE  
CORPORATION DIVISION  
TALLAHASSEE, FL 32399

2020 OCT 19 PM 12:06

FILED

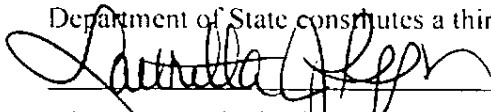
9. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 16th day of October, 2020

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Lauretta J. Pippin, Secretary

\_\_\_\_\_  
Waddell Plantation, Inc., Manager of General Partner

**Filing Fees:** \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75