| (Red                       | uestor's Name)   |                 |
|----------------------------|------------------|-----------------|
| (Add                       | ress)            |                 |
| (Add                       | ress)            |                 |
| (City.                     | /State/Zip/Phone | <del>=</del> #) |
| PICK-UP                    | ☐ WAIT           | MAIL            |
| (Bus                       | iness Entity Nar | ne)             |
| (Doc                       | ument Number)    |                 |
| Certified Copies           | Certificates     | of Status       |
| Special Instructions to Fi | iling Officer:   |                 |
|                            |                  |                 |
|                            |                  |                 |
|                            |                  |                 |
|                            |                  |                 |

Office Use Only



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## DEPARTMENT OF STATE FILING COVER SHEET

| Date:                | 10-                                       | 22-         | 20                        |                                  |              | . (         |
|----------------------|---|-------------|---------------------------|----------------------------------|--------------|-------------|
| Requestor Name:      | Carlton Fields                            |             |                           | Call - RA                        | + Pince.     | LL'         |
| Address:             | Post Office Box 19<br>Tallahassee, Floric |             | )<br>·                    | Tislan                           | 10.15-20     | *           |
| Telephone:           | (850) 513-3619 - d<br>(850) 224-1585      | lirect      |                           | FYI-RA<br>TSlan<br>Gled<br>L2000 | 232          |             |
| Contact Name:        | Kim Pullen, CP, FF                        | RP .        |                           |                                  |              |             |
| Corporation Name:    | Pine                                      | IS          | and Po                    | ointe, LP                        | <b>&gt;</b>  |             |
| Entity Number (if ap | oplicable):                               | Pu          | llen                      | DESTALL A CAS                    | RECEIV       | )<br>)      |
| Certified Copy       | X_ Plain C                                |             |                           |                                  | of, Status 点 | こ<br>カ<br>フ |
| ) Call When Ready    | / ( ✓ ) Cal                               | I if Proble | m                         | ( ✓) Walk f                      | 所 <b>一</b>   |             |
| NEW FILINGS          | S/OTHER FILINGS                           | <b>/</b>    | Q                         | TENTS/REGISTI<br>QUALIFICATION   |              |             |
| PROFIT               | <i>,</i>                                  |             | AMENDMENT                 | Ī                                |              |             |
| NONPROFIT            |   | _  _        | RESIGNATIO<br>OFFICER/DIR | RECTOR                           |              |             |
| V LIMITED EIABILI    | * / Limited Part                          | neeslo!     | CHANGE OF                 | REGISTERED A                     | AGENT        |             |

|      | 1                                 |       |                            |
|------|-----------------------------------|-------|----------------------------|
|      | NONPROFIT                         |       | RESIGNATION OF R.A.,       |
|      | ,                                 |       | OFFICER/DIRECTOR           |
| X    | LIMITED LIABILITY / Limited Party | eestp | CHANGE OF REGISTERED AGENT |
|      | DOMESTICATION                     |       | DISSOLUTIONWITHDRAWAL      |
|      | OTHER                             |       | MERGER                     |
|      | ANNUAL REPORT                     |       | FOREIGN CORPORATION        |
|      | FICTITIOUS NAME                   |       | LIMITED PARTNERSHIP        |
|      | NAME RESERVATION                  |       | REINSTATEMENT              |
|      | APOSTILLE/LEGALIZATION            |       | TRADEMARK                  |
|      |                                   |       | OTHER                      |
| ———· | <del></del>                       |       |                            |

CF Internal Use Only

Client. 04397

\_\_\_Matter, \_\_\_01717

## **COVER LETTER**

g .

| TO:     | Registration Section Division of Corporations  |                                   |  |
|---------|--|-----------------------------------|--|
| SHRI    | ECT: Pine Island Pointe, LP  |                                   |  |
| 0010    | Name of Florida Limited  | Partnership or Limi               | ted Liability Limited Partnership  |
| The er  | nclosed Certificate of Limited Partne  | rship and fees ar                 | e submitted for filing.  |
| Please  | return all correspondence concernir  | ng this matter to:                |  |
| Misty I | Kent   |                                   |  |
|         | Contact Person   |                                   | _  |
| Royal   | American   |                                   |  |
|         | Firm/Company   |                                   | <del></del>  |
| 1022 V  | V. 23rd Street, 3rd Floor  |                                   |  |
|         | Address  |                                   | _  |
| Panam   | a City, FL 32405   |                                   |  |
|         | City. State and Zip Code   |                                   | <del>-</del>   |
| •       | kent@royalamerican.com   |                                   |  |
| E-      | -mail address: (to be used for future annual   | report notification)              | <del></del>  |
| For fu  | rther information concerning this ma   | itter, please call:               |  |
| Misty I | Kent   | at ( <sup>850</sup>               | ) 769-8981   |
|         | Name of Contact Person   |                                   | nd Daytime Telephone Number  |
| Enclos  | sed is a check for the following amou  | unt:                              |  |
| (\$96   | 000.00 Filing Fees S1,008.75 Filing Fee<br>65 Filing Fee and and Certificate of<br>Registered Agent Status | es S1,052,50 Fil<br>and Certified | ing Fees S1,061.25 Filing Fees, Copy Certified Copy, and Certificate of Status |
| STRE    | ET ADDRESS:  | MAIL                              | ING ADDRESS:   |
| _       | ration Section   | _                                 | ration Section   |
|         | on of Corporations<br>n Building   |                                   | on of Corporations   |
|         | n Building<br>Executive Center Circle  |                                   | 30x 6327<br>assee, FL 32314  |
|         | assee, FL 32301  |                                   | MODELLY CAULT  |

CR2E030 (6/17)

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

| Pine Island Pointe, LP  Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited   |
|---|
| artnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership   |
| uffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.P.  |
|   |
| 2. 1022 W. 23rd Street. 3rd Floor   |
| (Street address of initial designated office)   |
| Panama City, FL 32405   |
| 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 comp<br>with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familian<br>with and accept the obligations of my position as registered agent.  Signature of Registered Agent  |
| 5. 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 .   |
| the second of a second |

Page 1 of 2

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| 8. Name and business address of ex<br>Name:                               | ach general partner: Business Address:   |
|---|--|
| RA Pine Island Pointe, LLC  | 1022 W. 23rd Street, 3rd Floor   |
|   | Panama City, FL 32405  |
|   |  |
|   |  |
|   |  |
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|   | <del></del>  |
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| the Florida Department of State.) Note: If the date inserted in this blo  | date of filing:  or more than 90 days after the date the document is filed by  ock does not meet the applicable statutory filing requirements cument's effective date on the Department of State's records |
| Signed this 2154  | day of October 2020  |
| herein are true. I/We am/are aware  | /We submit this document and affirm that the facts stated that any false information submitted in a document to the nird degree felony as provided for in s.817.155, F.S.                                  |
| Filing Fees: Certified Copy (optional): Certificate of Status (optional): | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75   |

Page 2 of 2