

A2000000535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

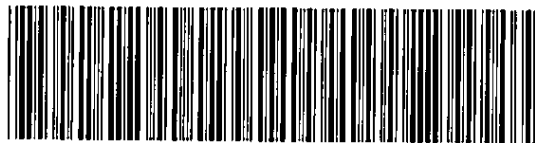
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/09/20--01002--002 **1051.25

RECEIVED

2020 NOV -6 PM 3:01

DEPARTMENT OF REVENUE
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

FILED

2020 NOV -6 PM 2:56

DEPARTMENT OF REVENUE
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

NOV 09 2020

Assembly

DEPARTMENT OF STATE
FILING COVER SHEET

Date: 11-6-20

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

RECEIVED
2020 NOV - 6 PM 3:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Corporation Name: Timeshed Defuniak Housing, 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
	LIMITED LIABILITY		CHANGE OF REGISTERED AGENT
	DOMESTICATION		DISSOLUTION/WITHDRAWAL
<input checked="" type="checkbox"/>	OTHER - <u>Limited Partnership</u>		MERGER
	ANNUAL REPORT		FOREIGN CORPORATION
	FICTITIOUS NAME		LIMITED PARTNERSHIP
	NAME RESERVATION		REINSTATEMENT
	APOSTILLE/LEGALIZATION		TRADEMARK
			OTHER

CF Internal Use Only

Client: _____ Matter: _____

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Donaldson

File and

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Timshel DeFuniak Housing, LP
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:

Contact Person

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:

Brian Waterfield at (407) 461-4651
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 \$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

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

1. Timshel DeFuniak Housing, 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. 310 S. Dillard Street, Suite 135

(Street address of initial designated office)

Winter Garden, Florida 34787

3. Brian Waterfield

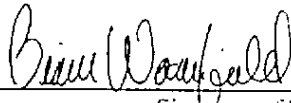
(Name of Registered Agent for Service of Process)

4. 310 S. Dillard Street, Suite 135

(Florida street address for Registered Agent)

Winter Garden, Florida 34787

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. 310 S. Dillard Street, Suite 135

(Mailing address of initial designated office)

Winter Garden, Florida 34787

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

FILED
2028 NOV -6 PM 2:56
STATE OF FLORIDA
TALLAHASSEE COUNTY

8. Name and business address of each general partner:

Name:

Business Address:

Timshel DeFuniak Housing GP, LLC

310 S. Dillard Street, Suite 135

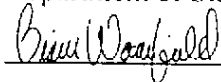
Winter Garden, Florida 34787

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 4th day of November 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.



Brian Waterfield
Manager of Timshel DeFuniak Housing GP, LLC

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