

A20000000573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

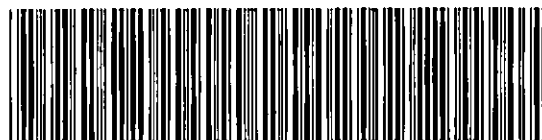
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 24 2020
K. Brumley

FILE 2ND 3713

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 524463 5034981

AUTHORIZATION :

[Signature]

COST LIMIT : \$1000.00

ORDER DATE : November 20, 2020

ORDER TIME : 11:22 AM

ORDER NO. : 524463-010

CUSTOMER NO: 5034981

DOMESTIC FILING

NAME: COLON BOY LP

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
XX____ CERTIFICATE OF LIMITED PARTNERSHIP
____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT. 62968

EXAMINER'S INITIALS: _____

FILE 2ND

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Colon Boy 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:

Barry S Logan

Contact Person

Watco, Inc.

Firm/Company

2665 S Bayshore Dr Suite 901

Address

Coconut Grove, FL 33133

City, State and Zip Code

blogan@watco.com

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

For further information concerning this matter, please call:

Barry Logan

at (305) 714-4102

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**

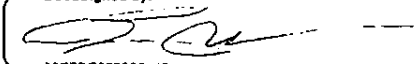
1. Colon Boy LP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership,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

2. 2665 S Bayshore Drive, Suite 901
(Street address of initial designated office)
Coconut Grove, FL 33133

3. Barry S. Logan % Watsco, Inc.
(Name of Registered Agent for Service of Process)

4. 2665 S Bayshore Drive, Suite 901
(Florida street address for Registered Agent)
Coconut Grove, FL 33133

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.

DocuSigned by:

02E7DFA7B006440
Signature of Registered Agent

6. 2665 S Bayshore Drive, Suite 901
(Mailing address of initial designated office)
Coconut Grove, FL 33133

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Uncle Al Management LLC

2665 S Bayshore Drive, Suite 901

Coconut Grove, FL 33133

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 19th 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.

Uncle Al Management LLC

By its manager, J. Michael Custer

DocuSigned by:

J. Michael Custer

29E58E2515464D0

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75