

A21000000 315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

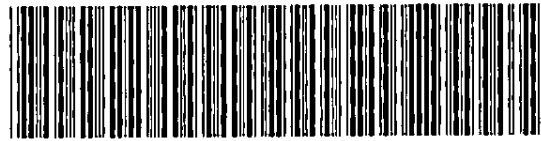
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUN 30 AM 9:32

FILED

06/24/21--01001--010 **1000.00

TALLAHASSEE, FL

2021 JUN 23 PM 3:14

SECRETARY OF STATE

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2021

CAPITAL CONNECTION

SUBJECT: PTFR-1, LLLP
Ref. Number: W21000091699

We have received your document for PTFR-1, LLLP and check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The general partner needs to be on the state records and active.,

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 921A00014393

CAPITAL CONNECTION, INC.

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

PTFR-1, LLLP

Signature _____

Requested by: Seth

06/22/21

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ 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 _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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

1. PTFR-1, LLLP

(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. 1206 East Ridgewood Street

(Street address of initial designated office)

Orlando, Florida 32803

3. DeLoach, P.L.

(Name of Registered Agent for Service of Process)

4. 1206 East Ridgewood Street

(Florida street address for Registered Agent)

Orlando, Florida 32803

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.

by Carla A. DeLoach (Carla A. DeLoach, Manager of DeLoach, PL)

Signature of Registered Agent

6. 1206 East Ridgewood Street

(Mailing address of initial designated office)

Orlando, Florida 32803

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

FILED
JUN 30 AM 9:32
STATE OF FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Carla A. DeLoach, as Trustee of
BART-1 Trust dated April 27, 2021

1206 East Ridgewood Street

Orlando, Florida 32803

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 30th day of June, 2021

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.

Carla A. DeLoach

Carla A. DeLoach, as Trustee of

BART-1 Trust dated April 27, 2021

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75