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## **COVER LETTER**

TO:	O: Registration Section Division of Corporations						
SUBJ	ECT:	AUSTINVILLE P	ARTNERSHI	P ESTATES	, LLLP.		
		Name of Flor	ida Limited Part	nership or Lim	ited Liabil	lity Limited Partner	rship
The e	nclosed	Certificate of Limi	ted Partnersh	ip and fees a	re subm	itted for filing.	
Please	e return	all correspondence	concerning th	his matter to:	:		
	MICHA	EL D. AUSTIN, GI		RTNER	_		
		Contact Pe	rson				
		Firm/Comp	any				
	210 S I	NDIANA AVENUE					
		Addres	8		_		
	ENGL	WOOD, FL 34223					
		City. State and	Zip Code		<del></del>		
	englev	voodsc@verizon.r	iet				
Е	i-mail add	fress: (to be used for fu	ture annual repo	ort notification)		_	
For fu	irther in	formation concerni	ng this matte	r, please call:	:		
N	MCHAE	L D. AUSTIN	ŧ	at ( 941	) 47	74-2886	
	Name	of Contact Person		Area Code	and Daytii	me Telephone Num	iber
Enclo	sed is a	check for the follo	wing amount:				
( <b>\$</b> 9 \$35	65 Filing	iling Fees S1,008.7 Fee and and Certified Agent Stams		S1,052.50 F and Certified		S1,061.25 Fili Certified Copy Certificate of	y, and
STRE	EET AI	DDRESS:		МАП	ING A	DDRESS:	
_	gistration Section Registration Section						
		Corporations		Division of Corporations			
	n Build Executi	ling P. O. Box 6327 ive Center Circle Tallahassee, FL 32314					
		FL 32301					
CR2E0	)30 (6/17 -	)					

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

## AUSTINVILLE PARTNERSHIP ESTATES, 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. 210 S INDIANA AVENUE (Street address of initial designated office) **ENGLEWOOD, FL 34223** MICHAEL D. AUSTIN (Name of Registered Agent for Service of Process) 210 S INDIANA AVENUE (Florida street address for Registered Agent) ENGLEWOOD, FL 34223 5. Thereby 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 210 S INDIANA AVENUE (Mailing address of initial designated office) ENGLEWOOD, FL 34223 7. If limited partnership elects to be a limited liability limited partnership, check-box 🛣

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8. Name and business address of ea Name:	ich general partner: Business Address:
MICHAEL D. AUSTIN	210 S INDIANA AVENUE
	ENGLEWOOD, FL 34223
KELLY S. AUSTIN	210 S INDIANA AVENUE
	ENGLEWOOD, FL 34223
	<del></del>
9. Effective date, if other than the d	late of filing: NOVEMBER 15, 2021
(Effective date cannot be prior to not the Florida Department of State.)  Note: If the date inserted in this block.	or more than 90 days after the date the document is filed by ck does not meet the applicable statutory filing requirement cument's effective date on the Department of State's records
Signed this <b>6TH</b>	day.ofOCTOBER, 2021
herein are true. I/We am/are aware t	We submit this document and affirm that the facts stated hat any false information submitted in a document to the ird 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