

A 22000000249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

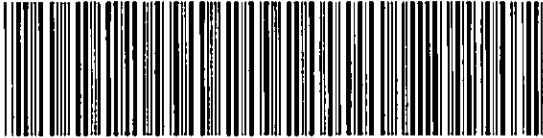
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED RECEIVED
2022 APR 21 PM 2:59 2022 APR 21 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 629508 8119087

AUTHORIZATION : 
COST LIMIT : \$1000.00

ORDER DATE : April 20, 2022

ORDER TIME : 2:03 PM

ORDER NO. : 629508-015

CUSTOMER NO: 8119087

DOMESTIC FILING

NAME: OCALA WORKFORCE OWNER, LTD.

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION
☒ CERTIFICATE OF LIMITED PARTNERSHIP
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCALA WORKFORCE OWNER, LTD.

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:

Connor Larr

Contact Person

Ulysses Development Group

Firm/Company

210 University Blvd., Suite 460

Address

Denver, CO 80206

City, State and Zip Code

Connor.larr@ulyssesdevelopment.com

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

For further information concerning this matter, please call:

Connor Larr

Name of Contact Person

at (1917) 207-2517

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. OCALA WORKFORCE OWNER, LTD.

(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. C/o Ulysses Development Group, 210 University BLVD., Suite 460

(Street address of initial designated office)

Denver, CO 80206

3. Corporation Service Company

(Name of Registered Agent for Service of Process)

4. 1201 Hays Street

(Florida street address for Registered Agent)

Tallahassee, FL 32301

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.*

Corporation Service Company

By: Alexis Weibnd, assistant vice president

Signature of Registered Agent

6. _____

(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

Name:

Business Address:

Ocala Workforce GP, LLC

c/o Ulysses Development Group

210 University BLVD., Suite 460

Denver, CO 80206

9. Effective date, if other than the date of filing: _____

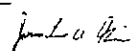
(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this _____ day of _____.

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.

Ocala Workforce GP, LLC

By: Ocala Workforce UDG Member, LLC



BY: Jonathan Gruskin, Manager

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75