A2200000286

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(Business Entity Name)
	(Document Number)
ec	Copies Certificates of Status
Ĩ	al Instructions to Filing Officer:
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	22-54541
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04/25/22--01002--026 **1061.25



MAY 10 2022 K. Brumbley



Registration Section

Division of Corporations

SUBJECT: Plantation Development Limited, LTD Name of Florida Limited Partnership or Limited Liability Limited Partnership

COVER LETTER

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Kenneth G. Oertel

1 5

TO:

Contact Person

Oertel, Fernandez, Bryant & Atkinson PA

Firm/Company

PO Box 1110

Address

Tallahassee, FL 32302

City, State and Zip Code

koertel@ohfc.com

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

For further information concerning this matter, please call:

_at (850) 521-0700 Area Code and Daytime Telephone Number Allyne Smith Name of Contact Person

Enclosed is a check for the following amount:

🗌 \$1.000.00 Filing Fees 🗍 \$1.008.75 Filing Fees 🔲 \$1.052.50 Filing Fees 🔳 \$1.061.25 Filing Fees. Certified Copy, and and Certificate of and Certified Copy (\$965 Filing Fee and Certificate of Status \$35 Registered Agent Status Fee)

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)

1.

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

Plantation Development Limited, 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.P. or LLP

2._____ 10716 Mirasol Drive, Unit 601

(Street address of initial designated office)

Miromar Lakes, FL 33913

3. Kenneth G. Oertel

(Name of Registered Agent for Service of Process)

2060 Delta Way

(Florida street address for Registered Agent)

Tallahassee, FL 32303

5. Thereby accept the appointment as registered agent and agree to act in this capacity. Therefore, a 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

1022 MAY -9 PM 1:

сл С

6. 10716 Mirasol Drive, Unit 601

Miromar Lakes, FL 33913

(Mailing address of initial designated office)

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

Page 1 of 2

10716 Mirasol Drive. Unit 601		
Miromar Lakes. FL 33913		
10716 Mirasol Drive. Unit 601		
Miromar Lakes, FL 33913		
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8. Name and business address of each general partner-

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 _____ day of _____ 22

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.

MANT			_
Filing Fees:	 	and \$35 Registered Agent Fee)	_

Certified Copy (optional): Certificate of Status (optional): \$52.50 \$8.75