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CERTIFIED COPY _____

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XX FILING

LLLP

1. WACHTERHORSES AND JOYHILL RANCH HOLDING COMPANY LLLP
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WACHTER HORSES AND JOYHILL RANCH HOLDING COMPANY LLP
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:

Jon McGraw

Contact Person

McGraw Ramba Mutorelli PA

Firm/Company

35 SE 1st Avenue Suite 102

Address

Ocala FL 34471

City, State and Zip Code

jon@lawmrm.com

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

For further information concerning this matter, please call:

Jon McGraw

Name of Contact Person

at (352) 789-6520

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 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. WACHTERHORSES AND JOYHILL RANCH HOLDING COMPANY 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. 8340 NW 2nd Street, Ocala FL 34482

(Street address of initial designated office)

3. JON MCGRAW

(Name of Registered Agent for Service of Process)

4. 35 SE 1st Avenue, Suite 102

(Florida street address for Registered Agent)

Ocala FL 34471

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.*

Signature of Registered Agent

6. 35 SE 1st Avenue, Suite 102

(Mailing address of initial designated office)

Ocala FL 34471

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

2024 MAR 11 AM 10:29

8. Name and business address of each general partner:

Name:

Business Address:

BEDA WACHTER

8340 NW 2nd Street

Ocala FL 34482

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 10th day of March, 2024

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.

[Signature]

Filing Fees: \$1,000.00 (S965 Filing Fee and S35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75