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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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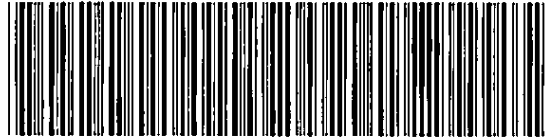
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 MAY 31 AM 11:09  
CLERK OF STATE

T. LEMIEUX

JUN 14 2024

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** W & H's Top Quality Used Tires L.L.P.

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:

Shawn W. Brown Sr

Contact Person

W & H's Top Quality Used Tires L.L.P.

Firm/Company

5211 North Main St

Address

Jacksonville, FL 32208

City, State and Zip Code

WHstires@gmail.com

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

For further information concerning this matter, please call:

Harry R. Morgan

at (904) 472-0171

Name of Contact Person

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. W & H's Top Quality Used Tires, 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. 5211 North Main Street

(Street address of initial designated office)

Jacksonville, Florida 32208

3. Shawn Wayne Brown Sr.

(Name of Registered Agent for Service of Process)

4. 5211 North Main Street

(Florida street address for Registered Agent)

~~5211 North Main Street~~

Jacksonville, Florida 32208

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. 5211 North Main Street Jacksonville, FL 32208

(Mailing address of initial designated office)

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

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8. Name and business address of each general partner:

Name:

Business Address:

Shawn W. Brown Sr.

5211 North Main Street

Jacksonville Florida 32208

Harry R. Morgan

5211 North Main St

Jacksonville, Florida 32208

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 28th day of May 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.

Shawn W Brown Sr  
Harry Morgan

Shawn W Brown Sr  
Harry Morgan

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**