

B06000000295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

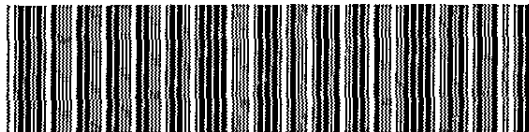
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Special Instructions to Filing Officer

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 21 PM 1:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McNamara Family Partners II, Ltd.
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

Eric S. Mashburn, Esq.
(Contact Person)

Law Offices
(Firm/Company)

102 E. Maple St.
(Address)

Winter Garden, FL 34787
(City, State and Zip Code)

For further information concerning this matter, please call:

Eric S. Mashburn at (407) 656-1576
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input checked="" type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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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

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. McNamara Family Partners II, 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 LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Colorado

(State or Country of Formation)

3/9/25/2002

(Date of Formation)

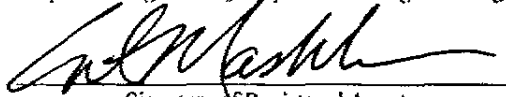
4. Eric S. Mashburn

(Name of Registered Agent for Service of Process)

5. 102 E. Maple St., Winter Garden, FL 34787

(Florida street address for Registered Agent)

6. *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

7. 6232 Wynfield Court, Orlando, FL 32819

(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box ☐

9. 6232 Wynfield Ct, Orlando, FL 32819

(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

Donald L. McNamara

(Name)

6232 Wynfield Ct., Orlando, FL 32819

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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

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

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 19th day of July, 2006

Signature of a general partner:



Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75



STATE OF COLORADO

DEPARTMENT OF
STATE

CERTIFICATE

I, GINETTE DENNIS, SECRETARY OF STATE OF THE STATE OF
COLORADO HEREBY CERTIFY THAT ACCORDING TO THE RECORDS OF
THIS OFFICE

MCNAMARA FAMILY PARTNERS II, LTD.
(COLORADO LIMITED PARTNERSHIP)

FILED A CERTIFICATE OF LIMITED PARTNERSHIP DATED SEPTEMBER
25, 2002.

I FURTHER CERTIFY THAT ACCORDING TO OUR RECORDS A STATEMENT
OF DISSOLUTION HAS NOT BEEN FILED.

Dated: June 26, 2006

Ginette Dennis

SECRETARY OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 21 PM 1:15