

B08 000000004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

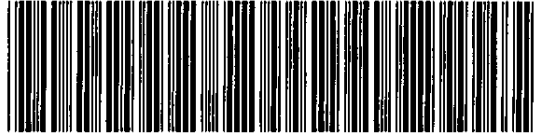
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600113731016

01/07/08--01045--004 **1000.00

FILED
08 JAN - 7 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M Thomas JAN - 8 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cascade Citrus Meadows, LP

(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:

Susan Williams

(Contact Person)

Kantor Taylor McCarthy, P.C.

(Firm/Company)

1501 Fourth Avenue, Suite 1610

(Address)

Seattle, WA 98101

(City, State and Zip Code)

For further information concerning this matter, please call:

Susan Williams

(Name of Contact Person)

at (206) 625-9898 x 233

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input 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 |
|--|---|---|---|

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

FILED
08 JAN - 7 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Cascade Citrus Meadows, LP

(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.

(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. Washington

(State or Country of Formation)

3. December 19, 2007

(Date of Formation)


4. C T Corporation System

(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road, Plantation, Florida 33324

(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. 2801 Alaskan Way

(Principal office address)

Seattle, WA 98121

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

FILED
08 JAN -7 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. 2801 Alaskan Way

(Mailing address)

Seattle, WA 98121

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

Cascade Citrus Meadows Manager, LLC

(Name)

m08-108

2801 Alaskan Way

(Street Address)

Seattle, WA 98121

Same

(Mailing Address)

Stan Harrelson

(Name)

same

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

FILED
08 JAN - 7 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

_____	_____
(Name)	(Street Address)

	(Mailing Address)

_____	_____
(Name)	(Street Address)

	(Mailing Address)

FILED
 08 JAN - 7 PM 2:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


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 31st day of December, 20 07.

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

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

CASCADE CITRUS MEADOWS, LP

I **FURTHER CERTIFY** that the records on file in this office show that the above named Limited Partnership was formed under the laws of the State of WA and was issued a Certificate Of Limited Partnership in Washington on 12/19/2007.

I **FURTHER CERTIFY** that as of the date of this certificate, **CASCADE CITRUS MEADOWS, LP** remains active and has complied with the filing requirements of this office.

Date: December 20, 2007

UBI: 602-787-926



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State