

B08000000111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/19/08--01020--021 **1008.75

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08 MAY 19 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. Thomas MAY 20 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE RIDGE SERVICES LIMITED PARTNERSHIP

(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:

James Byrd

(Contact Person)

(Firm/Company)

5132 Fairway Oaks Dr.

(Address)

Windermere, FL 34785

(City, State and Zip Code)

For further information concerning this matter, please call:

James Byrd

(Name of Contact Person)

at (407) 312-4405

(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

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TALLAHASSEE, FLORIDA

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

1. BLUE RIDGE SERVICES LIMITED PARTNERSHIP

(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. Colorado

(State or Country of Formation)

3.

4/19/2004

(Date of Formation)

4. James Byrd

(Name of Registered Agent for Service of Process)

5. 5132 Fairway Oaks Dr.

(Florida street address for Registered Agent)

Windermere, FL 34785

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. 5132 Fairway Oaks Dr.

(Principal office address)

Windermere, FL 34785

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

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9. 5132 Fairway Oaks Dr.

(Mailing address)

Windermere, FL 34785

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

Blue Ridge Services, LLC.

(Name)

mos-2365

(Name)

(Name)

(Name)

5132 Fairway Oaks Dr.

(Street Address)

Windermere, FL 34785

(Mailing Address)

(Street Address)

(Mailing Address)

(Street Address)

(Mailing Address)

(Street Address)

(Mailing Address)

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TALLAHASSEE FLORIDA

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_____	_____
(Name)	(Street Address)
_____	_____
_____	_____
_____	(Mailing Address)
_____	_____
_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____

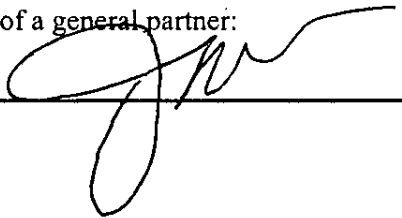
11. Effective date, if other than the date of filing: _____

(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 15th day of May, 20 08

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

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 TALLAHASSEE, FLORIDA



STATE OF COLORADO

DEPARTMENT OF
STATE

CERTIFICATE

I, MIKE COFFMAN, SECRETARY OF STATE OF THE STATE OF
COLORADO HEREBY CERTIFY THAT ACCORDING TO THE RECORDS OF THIS
OFFICE,

BLUE RIDGE SERVICES LIMITED PARTNERSHIP
(COLORADO LIMITED PARTNERSHIP)

FILED A CERTIFICATE OF LIMITED PARTNERSHIP DATED APRIL 19,
2004.

I FURTHER CERTIFY THAT A STATEMENT OF DISSOLUTION HAS NOT
BEEN FILED.

Dated: March 24, 2008

SECRETARY OF STATE