

B100000000178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

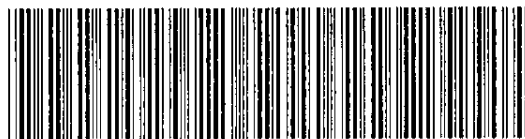
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 NOV - 8 PM 4: 19
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
10 NOV - 8 PM 4: 34
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

NOV - 9 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Northwood Estates Mobile Home Park, L.P.

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:

Sharon R. Martin

Contact Person

Heritage Financial Group, Inc.

Firm/Company

120 W. Lexington Avenue

Address

Elkhart, IN 46516

City, State and Zip Code

smartin@hfgnet.com

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

For further information concerning this matter, please call:

Sharon R. Martin at (574) 522-8000 x 303

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 |
|---|--|---|---|

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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DIVISION OF CORPORATIONS
10 NOV -8 PM 4:34

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

1. Northwood Estates Mobile Home Park, L.P.

(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. Indiana

State or Country of Formation

3. 05/15/1989

Date of Formation

4. Name of Registered Agent for Service of Process and Florida Street Address:

Richard P. Lee

2155 Delta Blvd., Suite 210B

Tallahassee, FL 32303

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]
Signature of Registered Agent

7. Principle Office: (Florida Street Address)

11240 N. Northwood Drive

Inglis, FL 34449

8. Mailing Address:

c/o Heritage Financial Group

120 W. Lexington Avenue

Elkhart, IN 46516

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

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

Name of General Partner: Heritage Financial Group, Inc.

Name of General Partner: N/A

Street Address: 120 W. Lexington Avenue

Street Address: N/A

Elkhart, IN 46516

Mailing Address: 120 W. Lexington Avenue

Mailing Address: N/A

Elkhart, IN 46516

Name of General Partner: N/A

Name of General Partner: N/A

Street Address: N/A

Street Address: N/A

Mailing Address: N/A

Mailing Address: N/A

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DIVISION OF CORPORATIONS
10 NOV -8 PM 4:30

Name of General Partner: N/A Name of General Partner: N/A

Street Address: _____ Street Address: _____

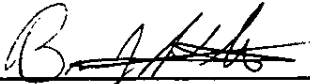
Mailing Address: _____ Mailing Address: _____

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 27th day of October, 20 10



Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

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 INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

NORTHWOOD ESTATES MOBILE HOME PARK, L.P.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on May 15, 1989, and was in existence or authorized to transact business in the State of Indiana on November 09, 2010.

I further certify this Domestic Limited Partnership (LP) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Ninth Day of November, 2010.

A handwritten signature in black ink, reading "Todd Rokita". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

TODD ROKITA, Secretary of State

LP89050041 / 2010110943804