

B/2000000100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

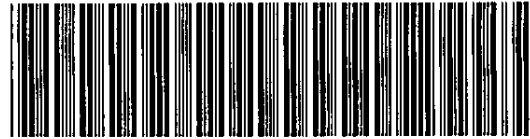
Special Instructions to Filing Officer:

A. LUNT

MAY 22 2011

EXAMINER

Office Use Only



600234260046

05/04/12--01018--009 **1000.00

FILED
2012 MAY -4 PM 4:54
HALL COUNTY CLERK
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clark Family Partnership, 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:

J. Edgar Akridge, Jr.

Contact Person

Attorney at Law (FL & AL)

Firm/Company

2931 Kerry Forest Parkway, Suite 101

Address

Tallahassee, FL 32309

City, State and Zip Code

macsodabb@gmail.com

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

For further information concerning this matter, please call:

J. Edgar Akridge, Jr.

at

850

894-1031

Name of Contact Person

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
2012 MAY -4 PM 4:04
TALLAHASSEE, FLORIDA

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

1. Clark Family Partnership, 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.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. Alabama

State or Country of Formation

3. December 30, 2002 *

Date of Formation

4. Federal Employer Identification Number: 42-1565574

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

Mac W. Clark

1477 East Nursery Road

Santa Rosa Beach, FL 32459

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. Principal Office:

1477 East Nursery Road

Santa Rosa Beach, FL 32459

8. Mailing Address:

1477 East Nursery Road

Santa Rosa Beach, FL 32459

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: Mac W. Clark

Name of General Partner: _____

Street Address: 1477 East Nursery Road
Santa Rosa Beach, FL 32459

Street Address: _____

Mailing Address: 1477 East Nursery Road
Santa Rosa Beach, FL 32459

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

* Alabama has a dual filing system. Partnership formed and filed in Probate Office on December 30, 2002. Secretary of State received from Probate Office on January 09, 2003.

Name of General Partner: _____ Name of General Partner: _____

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 15th day of May, 2012

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

FILED
2012 MAY 4 PM 4:04
STATE
TALLAHASSEE
FLORIDA

Beth Chapman
Secretary of State

P. O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Beth Chapman, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Clark Family Partnership, Ltd.
was formed in Barbour County, Alabama on January 9, 2003. The Alabama Entity
Identification number for this entity is 504-038. I further certify that the records
do not disclose that said entity has been dissolved, cancelled or terminated.



20120424000000984

In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.

4/24/2012

Date

Beth Chapman

Beth Chapman

Secretary of State