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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
SMYRNA LAND COMPANY L.P.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

RECEIVED

13 MAR 12 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAR 13 2013

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

1. Smyrna Land Company 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.P. or LLP.

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. Tennessee

State or Country of Formation

3. 03/08/2013

Date of Formation

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

United Corporate Services, Inc.9200 South Dadeland Blvd. Ste. 508Miami, FL 33156

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.

Michael A. Barr, Michael A. Barr, President
Signature of Registered Agent

7. Principle Office (Florida Street Address)

9200 SOUTH DADELAND BLVD, SUITE 508Miami, FL 33156

8. Mailing Address:

3309 Fairmont Dr.Nashville, TN 372039. 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: Graze Development, Inc.

Name of General Partner: _____

Street Address: 3309 Fairmont Dr.

Street Address: _____

Nashville, TN 37203Mailing Address: 3309 Fairmont Dr.

Mailing Address: _____

Nashville, TN 37203

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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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 5th day of March, 20 13


Signature of a general partner

The individual signing this document affirms 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. **Thomas L. Siefert, Vice President of General Partner**

Filing Fees:
Certified Copy (optional):
Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
\$52.50
\$8.75

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STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CPS
SUITE B
992 DAVIDSON DRIVE
NASHVILLE, TN 37205

March 11, 2013

Request Type: Certificate of Existence/Authorization
Request #: 0091836

Issuance Date: 03/11/2013
Copies Requested: 1

Document Receipt

Receipt #: 946075

Filing Fee: \$20.00

Payment-Account - CFS, NASHVILLE, TN

\$20.00

Regarding: Smyrna Land Company L.P.
Filing Type: Limited Partnership - Domestic
Formation/Qualification Date: 03/06/2013
Status: Active
Duration Term: Expires: 03/06/2063
Business County: DAVIDSON COUNTY

Control #: 712034
Date Formed: 03/06/2013
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the Issuance date noted above

Smyrna Land Company L.P.

- * is a Limited Partnership duly created under the law of this State, whose Certificate of Limited Partnership was filed with this office on the date given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.


Tre Hargett
Secretary of State

Processed By: Nichole Hambrick

Verification #: 002638722