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DIVISION OF CORPORATIONS
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JUL 22 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Palm Coast Commercial Property 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:

Bryan R. Rendzio, Esq.

Contact Person

Franson, Iseley & Rendzio, P.A.

Firm/Company

1400 Prudential Dr., Ste. 5

Address

Jacksonville, FL 32204

City, State and Zip Code

brendzio@fi-law.com

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

For further information concerning this matter, please call:

Bryan R. Rendzio, Esq. at (904) 396-1800

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
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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

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

1. The Palm Coast Commercial Property 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. November 16, 2000

Date of Formation

4. Federal Employer Identification Number 59-3682333

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

EDWIN O. SIA

165 Southpark Blvd., Ste. A

St. Augustine, FL 32086

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:

31 Lupi Court

Palm Coast, FL 32137

8. Mailing Address:

P.O. Box 860206

St. Augustine, FL 32086

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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: EDWIN O. SIA

Name of General Partner: _____

Street Address: 165 Southpark Blvd., Ste. A

Street Address: _____

St. Augustine, FL 32086

Mailing Address: P.O. Box 860206

Mailing Address: _____

St. Augustine, FL 32086

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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

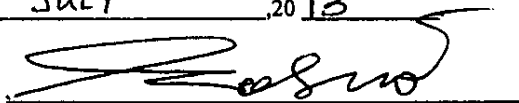
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: 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 18th day of JULY, 20 13



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

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STATE OF COLORADO

DEPARTMENT OF
STATE

CERTIFICATE

I, SCOTT GESSLER, SECRETARY OF STATE OF THE STATE OF
COLORADO HEREBY CERTIFY THAT ACCORDING TO THE RECORDS OF THIS
OFFICE,

THE PALM COAST COMMERCIAL PROPERTY LIMITED PARTNERSHIP
(COLORADO LIMITED PARTNERSHIP)

FILED A CERTIFICATE OF LIMITED PARTNERSHIP ON NOVEMBER 16,
2000.

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

Dated: June 13, 2013

SECRETARY OF STATE