

B1300000034

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

NOV 12 2013

A. LUNT

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CLERK OF STATE
TALLAHASSEE, FL 32310

FILED

09/27/13--01030--008 **1061.25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2013

SCOTT WITHROW
3379 PEACHTREE ROAD NE SUITE 970
ATLANTA, GA 30326

SUBJECT: SHOPPES OF BAYMEADOWS LP
Ref. Number: W13000054554

We have received your document for SHOPPES OF BAYMEADOWS LP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt
Regulatory Specialist II

Letter Number: 313A00023054

2013 NOV -8 AM 11:39
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Shoppes of Baymeadows LP**

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:

Scott Withrow

Contact Person

Withrow, McQuade & Olsen LLP

Firm/Company

3379 Peachtree Road NE, Suite 970

Address

Atlanta, Georgia 30326

City, State and Zip Code

swithrow@wmlaw.com

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

For further information concerning this matter, please call:

Lauren Sheppard

at (**404**) **814-0200**

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

1. Shoppes of Baymeadows LP

(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. Georgia

State or Country of Formation

3. 10/18/2011

Date of Formation

4. Federal Employer Identification Number: 80-0936075

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

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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.

CT Corporation System by:

Sierra Burns
Vice President & Assistant Secretary

Signature of Registered Agent

7. Principal Office:

1401 Peachtree Street NE

Suite 400

Atlanta, Georgia 30309

8. Mailing Address:

1401 Peachtree Street NE

Suite 400

Atlanta, Georgia 30309

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: Jax Ret Prop General Partner, LP

Name of General Partner: _____

Street Address: 1401 Peachtree Street NE

Street Address: _____

Suite 400

Mailing Address: Atlanta, Georgia 30309

Mailing Address: _____

B13-300

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: _____
(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 26th day of September, 2013

General Partner: Jax Ret Prop General Partner, LP, a
Georgia limited partnership
By: Jax Ret Prop GP SPE, Inc., a Georgia corporation
By: A. Boyd Simpson, President

A. Boyd Simpson
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
2013 NOV - 8 AM 11:38
ALLAHABAD, INDIA

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 11078418
DATE INC/AUTH/FILED : October 18, 2011
JURISDICTION : Georgia
PRINT DATE : 9/26/2013 4:56:11 PM

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SHOPPES OF BAYMEADOWS LP A Domestic Limited Partnership

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



A handwritten signature in black ink, appearing to read "B. P. Kemp".

Brian P. Kemp
Secretary of State

Tracking #: URLCunFi