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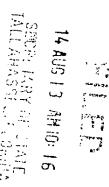
(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	es of Status		
Special Instructions to Filing Officer:				
•:				

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COVER LETTER

TO: Registration Section Division of Corporations	4	
SUBJECT: 2014 Cloverplace L.L.L	P.	
Name of Foreign Limited Part	tnership or Limited Liability	Limited Partnership
The enclosed application, certificate of status and for partnership to transact business in Florida. Please return all correspondence concerning this management.		a foreign limited partnership or limited liability limited
Duff Domoney		
Contact Person		
GBR Properties, Inc.		
Firm/Company		
3114 E 81st Street		
Address		
Tulsa, OK 74137		
City, State and Zip Code		
duffd@gbrproperties.com	· · · · · · · · · · · · · · · · · · ·	
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, plea		
Duff Domoney	_ _{at (} 918 ₎ 493	3-2525
Name of Contact Person	Area Code and Daytin	me Telephone Number
Enclosed is a check for the following amount:		
X\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) □ \$1,008.75 Filing Fees and Certificate of Status	□ \$1,052.50 Filing Fees and Certified Copy	☐ \$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	

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

	LIMITED PARTNERSHIP JSINESS IN FLORIDA			
_{1.} 2014 Cloverplace L.L.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 o business in Florida; mus	or limited liability limited partnership proposes to register st contain acceptable suffix.	r to transact		
_{2.} Oklahoma	_{3.} July 14, 2014			
State or Country of Formation	Date of Formation			
4. Federal Employer Identification Number. 47-1327628				
5. Name of Registered Agent for Service of Process and Florid James N. Watson Jr.	a Street Address:			
3474 Paces Ferry Road				
Tallahassee, FL 32309				
 I hereby accept the appointment as registered agent and agree of all statutes relative to the proper and complete performance my position as registered agent. 	to act in this capacity. I further agree to comply with the of my duties, and I am familiar with and accept the oblig	e provisions gations of		
Signature of F	Registered Agent			
7. Principal Office: 8. ?	8. Mailing Address:			
3205-3351 Tampa Road c/	o GBR Properties, Inc.			
Palm Harbor, FL 34684 3	114 E. 81st Street	.		
	ulsa, OK 74137	5 (3)		
9. If limited partnership is a limited liability limited partnersh)		
10. Name, principal office address, and mailing address of eac	h general partner:	is many		
Name of General Partner: GBR Properties, Inc.	Name of General Partner:	a pagarage		
Street Address: 3114 E. 81st Street	Street Address:			
Tulsa, OK 74137				
Mailing Address: 3114 E. 81st Street	Mailing Address:			
Tulsa, OK 74137				
Name of General Partner:	Name of General Partner:			

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

		Page 1 of 2	
Name of General	Partner:	Name of General Partne	er:
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	
11. Effective date, if (Effective date cannot	other than the date of filing:	the date this document is filed	by the Florida Department of State.)
12. Attached is a certi Florida Department of the law of which it is		ot more than 90 days prior to the official having custody of the	e delivery of this application to the entity's records in the jurisdiction under
Signed this8 =	day of Angust	,20 _/4	
	Signatu	v.l. af	6BL Raphy, Da.
	g this document affirm that the facts state	ed herein are true and the indivi	idual 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) **\$52.50**

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

\$8.75

Page 2 of 2

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF LIMITED PARTNERSHIP

WHEREAS, the Certificate of Limited Partnership of

2014 CLOVERPLACE L.L.L.P.

has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this Certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.

Filed in the city of Oklahoma City this 14th day of July, 2014.

Secretary of State