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(Reque	estor's Name)	
(Addre	ss)	
(Addre	ec)	
(City/S	tate/Zip/Phone #	
PICK-UP		
(Busin	ess Entity Name)	
(Docur	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	na Officer:	
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	Office Use Only	



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COVER LETTER

TO: **Registration Section Division of Corporations**

Pensacola Communities,LP SUBJECT:

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:

Theodore T. Carellas, Esq. Contact Person

Carellas & Newberry, P.C.

Firm/Company

P.O. Box 2599

Address

Rincon, GA 31326

City, State and Zip Code

gbellomy@marketstreetgrouplic.com

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

For further information concerning this matter, please call:

Theodore Carellas

826-7100 912

Name of Contact Person

Area Code and Daytime Telephone Number

Certificate of Status

Enclosed is a check for the following amount:

□ \$1,000.00 Filing Fees □ \$1,008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fce)

and Certificate of Status

□ \$1,052.50 Filing Fees ↓ \$1,061.25 Filing Fee, and Certified Copy Certified Copy, and

STREET ADDRESS:

11

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassco, FL 32301 111

MAILING ADDRESS: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

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|       | Acceptable Limited Liability Limited Partnership suffixes: Limited                                                                                                                              | Liability Limited Partnership, L.L.L.P. o | or LLLP.                                                      |  |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------|--|
|       | If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact<br>business in Plorida; must contain acceptable suffix. |                                           |                                                               |  |
|       | 2 Georgia                                                                                                                                                                                       | 3. 2/19/2015                              | ALL A                                                         |  |
|       | State or Country of Formation                                                                                                                                                                   | Date of Formation                         | APR                                                           |  |
| {     | 4. Federal Employer Identification Number: 47-3227555                                                                                                                                           |                                           | 29<br>ASSI                                                    |  |
|       | 5. Name of Registered Agent for Service of Process and Florida                                                                                                                                  | Street Address:                           | APR 29 AM 9:<br>APR 29 AM 9:<br>CRETARY DEST<br>LAHASSEE, FLO |  |
|       | C T Corporation System<br>1200 South Pine Island Road                                                                                                                                           |                                           | 9:26<br>FLORID                                                |  |
|       |                                                                                                                                                                                                 |                                           | IDA 6                                                         |  |
|       | Plantation, FL 33324                                                                                                                                                                            |                                           |                                                               |  |
|       | 7. Principal Office: Vice President                                                                                                                                                             | Assistant<br>asiling Address:             |                                                               |  |
|       | 19 Market Street 19 Market Street                                                                                                                                                               |                                           |                                                               |  |
|       | Beaufort, SC 29906 Be                                                                                                                                                                           | Beaufort, SC 29906                        |                                                               |  |
|       | 9. If limited partnership is a limited liability limited partnershi                                                                                                                             | p, check box .                            |                                                               |  |
|       | 10. Name, principal office address, and mailing address of each general partner:                                                                                                                |                                           |                                                               |  |
|       | Name of General Partner: MSG Pensacola, LLC                                                                                                                                                     | _ Name of General Partner:                |                                                               |  |
|       | Street Address: 19 Market Street                                                                                                                                                                | _ Street Address:                         |                                                               |  |
| LISOD | 70403 Beaufort, SC 29906                                                                                                                                                                        |                                           |                                                               |  |
| -     | Mailing Address: 19 Market Street                                                                                                                                                               | _ Mailing Address:                        |                                                               |  |
|       | Beaufort, SC 29906                                                                                                                                                                              | ·                                         |                                                               |  |
|       | 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.

15 20 Signed this ρR day of Signature of a general partner

The individual signing this document affirm that the facts stated horein 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: Certified Copy (optional): Certificate of Status (optional): \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 2 of 2

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# **STATE OF GEORGIA**

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

Ξ.

CONTROL NUMBER: 15017543DATE INC/AUTH/FILED: February 19, 2015JURISDICTION: GeorgiaPRINT DATE: April 27, 2015

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

**CERTIFICATE OF EXISTENCE** 

Pensacola Communities, 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.



Tracking #: rvHUflsJ

Brian P. Kemp Secretary of State