

Bill 0000000004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900280345869

01/04/16--01034--004 **1000.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN -4 P 12:11

FILED

JAN 05 2016
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAWSON, LONG AND EVANS, 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:

JEFFREY LUBORE

Contact Person

LAWSON, LONG AND EVANS, LP

Firm/Company

11 PALM HARBOR DRIVE

Address

HOLMES BEACH, FL 34217

City, State and Zip Code

JEFF.LUBORE@GMAIL.COM

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

For further information concerning this matter, please call:

JEFFREY LUBORE

at (615) 922-8182

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN -4 P 12:11

FILED

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

1. LAWSON, LONG AND EVANS, 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. COMMONWEALTH OF VIRGINIA

State or Country of Formation

3. 03/06/2004

Date of Formation

4. Federal Employer Identification Number: 20-0159607

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

JEFFREY LUBORE

11 PALM HARBOR DRIVE

HOLMES BEACH, FL 34217

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:

11 PALM HARBOR DRIVE

HOLMES BEACH, FL 34217

8. Mailing Address:

11 PALM HARBOR DRIVE

HOLMES BEACH, FL 34217

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: JEFFREY LUBORE

Street Address: 1745 FONTANELLA DRIVE
BRENTWOOD, TN 37027

Mailing Address: 11 PALM HARBOR DRIVE
HOLMES BEACH, FL 34217

Name of General Partner: JILL LUBORE

Street Address: 1745 FONTANELLA DRIVE
BRENTWOOD, TN 37027

Mailing Address: 11 PALM HARBOR DRIVE
HOLMES BEACH, FL 34217

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN - 4 P 12:11

FILED

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

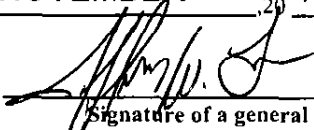
Street Address: _____ Street Address: _____

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 3RD day of NOVEMBER, 2015


 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
 2016 JAN -4 P 12:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

A certificate of limited partnership was filed with the Commission on behalf of Lawson, Long & Evans Limited Partnership, a limited partnership formed under the laws of VIRGINIA, effective as of September 03, 2003.

As of November 24, 2015, a certificate of cancellation canceling the existence of Lawson, Long & Evans Limited Partnership, a Virginia limited partnership, has not been filed in the Clerk's Office of the Commission.

Nothing more is hereby certified.

*Signed and Sealed at Richmond on this Date:
November 24, 2015*



Joel H. Peck

Joel H. Peck, Clerk of the Commission