

B/6000000137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

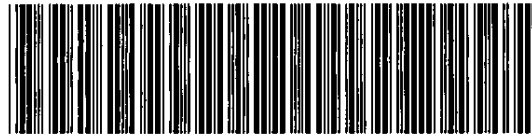
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

12116-45108 ADD.

Office Use Only



700287203687

06/24/16--01004--005 **1052.50

RECEIVED
DEPARTMENT OF STATE

16 JUN 23 PM 4:26

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN 23 AM 6:18

K. SALLY
EXAMINER
JUN 29

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 6/23/16

NAME: COMPRA LP

TYPE OF FILING: APPLICATION

COST: 1,052.50 - CHECK IS ATTACHED

RETURN: CERTIFIED COPY PLEASE

~~ACCOUNT: FCA000000015~~

~~AUTHORIZATION: ABBIE/PAUL HODGE~~

DP

** File Second **



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2016

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: COMPRA LP
Ref. Number: W16000045108

We have received your document for COMPRA LP and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 116A00013318

* Please keep original
file date *

File Second

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

RECEIVED
DEPARTMENT OF STATE
JUN 28 PM 1:04
SUNBIZ FILING

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

FILED
2016 JUN 23 AM 6:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Compra 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. Delaware

State or Country of Formation

3. June 9, 2016

Date of Formation

4. Federal Employer Identification Number Applied for

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

Capitol Corporate Services, Inc.

155 Office Plaza Dr., Suite A

Tallahassee, FL 32301

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.

Karla A.

Karla M., Asst. Sec

Signature of Registered Agent

7. Principal Office:

17225 Mare Lane

Loxahatchee, FL 33470

8. Mailing Address:

PO Box 129

Loxahatchee, FL 33470

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: Compra GP LLC

Name of General Partner: _____

Street Address: 17225 Mare Lane

Street Address: _____

Loxahatchee, FL 33470

Mailing Address: PO Box 129

Mailing Address: _____

Loxahatchee, FL 33470

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

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 1 of 2

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 15th day of June, 2016

Ross McLeod

Signature of a general partner
Ross McLeod, Sole Member of the 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

Page 2 of 2

Delaware

The First State

FILED
2016 JUN 23 AM 6:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "COMPRA LP" IS DULY FORMED UNDER THE
LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF
THE TWENTY-THIRD DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMPRA LP" WAS
FORMED ON THE NINTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES
HAVE BEEN ASSESSED TO DATE.



6064487 8300

SR# 20164606139

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202543193

Date: 06-23-16