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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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S Warren

AUG 31 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **Helton Family Limited Partnership**  
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:

**Britten Leslie Steiner**

Contact Person

**Phelps Dunbar LLP**

Firm/Company

**101 Dauphin Street, Suite 1000**

Address

**Mobile, AL 36602**

City, State and Zip Code

**britten.steiner@phelps.com**

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

For further information concerning this matter, please call:

**Britten Leslie Steiner** at ( **251** ) **441-8268**

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

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

1. Helton Family Limited Partnership

(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. Alabama

State or Country of Formation

3. March 28, 2016

Date of Formation

4. Federal Employer Identification Number 81-2716900

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

Michael Helton

5891 West Side Line Road

Century, FL 32535

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:

2636 N. Canoe Road

Atmore, AL 36502

8. Mailing Address:

P. O. Box 489

Atmore, AL 36502

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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: Rodney Helton

Street Address: 2636 N. Canoe Road  
Atmore, AL 36502

Mailing Address: P. O. Box 489  
Atmore, AL 36502

Name of General Partner: Michael Helton

Street Address: 2636 N. Canoe Road  
Atmore, AL 36502

Mailing Address: P. O. Box 489  
Atmore, AL 36502

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street 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 16th day of August, 20 16

Michael L. Helton  
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

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TALLAHASSEE, FLORIDA

JOHN H. MERRILL  
SECRETARY OF STATE

ALABAMA STATE CAPITOL  
MONTGOMERY, AL 36130

# STATE OF ALABAMA

I, John H. Merrill, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Helton Family Limited Partnership was formed in Escambia County, Alabama on March 28, 2016. The Alabama Entity Identification number for this entity is 357-962. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



003-481

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

\_\_\_\_\_  
Date August 22, 2016

John H. Merrill

A handwritten signature in dark ink, appearing to read 'J. H. Merrill', written over a horizontal line.

Secretary of State