

B16000000259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

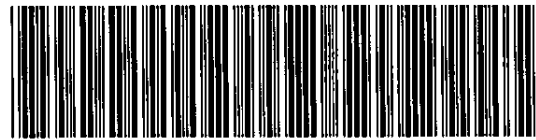
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800292317378

11/30/16--01015--005 **1061.25

FILED
16 DEC -5 PM 4:06
TALLAHASSEE, FLORIDA
CLERK OF COURT

Y.S Dec 6/16

~~1146-80889~~

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMS1945, 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:

WANDA SHEFFIELD

Contact Person

SWW1955, LC

Firm/Company

50 A BAYOU POINTE

Address

HOUSTON, TX 77063

City, State and Zip Code

ewilbanks@sbcglobal.net

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

For further information concerning this matter, please call:

Wanda Sheffield at (713) 816 9112

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. JMS1945, 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.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. TEXAS

State or Country of Formation

3. 11/09/2016

Date of Formation

4. Federal Employer Identification Number 81-4532849

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

101 Osceola Rd - Wanda Sheffield
Perry, FL 32348

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.

Wanda Sheffield
Signature of Registered Agent
WANDA SHEFFIELD

7. Principal Office:

101 Osceola Rd
Perry, FL 32348

8. Mailing Address:

101 Osceola Rd
Perry, FL 32348

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 WSS1955, LLC Name of General Partner: _____

Street Address: 101 Osceola Rd Street Address: _____

Perry, FL 32348

Mailing Address: 101 Osceola Rd Mailing Address: _____

Perry, FL 32348

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

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

FILED
16 DEC -5 PM 4:06
CLERK 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 29 day of November, 2016

Signature of a general partner:

JAMIE MARIE SAEKFIELD

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 DEC -5 PM 4:06

FILED

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

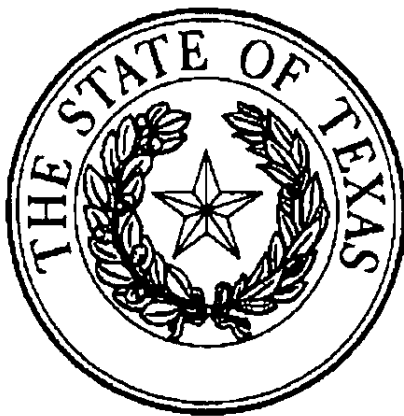
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for JMS1945, LP (file number 802580090), a Domestic Limited Partnership (LP), was filed in this office on November 09, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 06, 2016.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State