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FLORIDA/FOREIGN LP/LLLP

Breckenridge Limited Partnership

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Corporate Filing Menu

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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: BRECKEN	RIDGE LIMITED PARTN	ERSI	НІР		
	e of Foreign Limited Partn	ership	p or Limited Li	bility	Limited Partnership
partnership to transact bu				egister	a foreign limited partnership or limited liability limited
James B. Trotter					
	Contact Person				
Trotter Jones, LLP					
	Firm/Company				
3527 Walton Way Exten	sion				
	Address	, <u>.</u>			
Augusta, Georgia 30909	ı				
CI	ty, State and Zip Code				
jim@trotterjones.com					
E-mail address: (to be u	sed for future annual repor	t noti	ification)		
For further information of	oncerning this matter, pleas	se call	il:		
James B. Trotter		at (706	737-3	138
Name of Contac	t Person			Dayti	me Telephone Number
Enclosed is a check for th	e following amount:				
B \$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 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 Ci Tallahassee, FL 32301	ircle	Reg Div P. C	AILING ADDR gistration Section vision of Corpor D. Box 6327 lahassec, PL 32	n ations	

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

(Name of Limited Partnership or Limited Lia		-
Acceptable Limited Partnership suffixes: Limited Partne	ability Limited Partnership, which must include suffix) ership, Limited, L.P., LP, or Led. s: Limited Liability Limited Partnership, L.L.L.P. or LLLP	
BRECKENRIDGE (SC) LIMITED PARTNERSHIP	·	
	mership or limited liability limited partnership proposes to a wida; must contain acceptable suffix.	register to transact
2 SOUTH CAROLINA	3. MAY 31, 1985	
State or Country of Formation	Date of Formation	
4. Federal Employer Identification Number: 58-16504	325	
5. Name of Registered Agent for Service of Process an	nd Florida Street Address:	
C T Corporation System		
1200 South Pine Island Road		
Plantation, Florida 33324		
my position as registered agent. C T Corporation By:	formance of my duties, and I am familiar with and accept to System Nicole Chou Asst. Secretive sture of Registered Agent	inaid,
_		E C
7. Principal Office:	8. Mailing Address:	
3540 WHEELER ROAD	3540 WHEELER ROAD	Δ ω
SUITE 206	SUITE 206	
		<u> </u>
AUGUSTA, GA 30909	AUGUSTA, GA 30909	<u> </u>
AUGUSTA, GA 30909 9. If limited partnership is a limited liability limited p	AUGUSTA, GA 30909	<u> </u>
9. If limited partnership is a limited liability limited p 10. Name, principal office address, and mailing addre	AUGUSTA, GA 30909 partnership, check box . ess of each general partner:	<u> </u>
9. If limited partnership is a limited liability limited p 10. Name, principal office address, and mailing addre	AUGUSTA, GA 30909 partnership, check box . ess of each general partner:	5 0
9. If limited partnership is a limited liability limited p 10. Name, principal office address, and mailing addre Name of General Partner: 3540 WHIELER ROAD, SUITE 2	AUGUSTA, GA 30909 partnership, check box . ess of each general partner: Name of General Partner:	5 0
9. If limited partnership is a limited liability limited p 10. Name, principal office address, and mailing addre Name of General Partner: WILLIAM B. BRIGHAM	AUGUSTA, GA 30909 partnership, check box. ess of each general partner: Name of General Partner:	5 0
9. If limited partnership is a limited liability limited partnership is a limited liability limited partner, will liability limited partner. Name of General Partner: WILLIAM B. BRIGHAM Street Address: 3540 WHEELER ROAD, SUITE 2 AUGUSTA, GA 30909	AUGUSTA, GA 30909 partnership, check box . ess of each general partner: Name of General Partner: 206 Street Address:	5 0
9. If limited partnership is a limited liability limited p 10. Name, principal office address, and mailing addre Name of General Partner: WILLIAM B. BRIGHAM Street Address: 3540 WHEELER ROAD, SUITE 2	AUGUSTA, GA 30909 partnership, check box . ess of each general partner: Name of General Partner: 206 Street Address:	5 0
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400

Name of General	Partner:		e 1 of 2 Name of General Partn	er:	
Street Address:			Street Address:		
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
Mailing Address:			Mailing Address:		
II. Effective date, if (Effective date cannot	other than the date of be prior to nor more th	filing: an 90 days after the do	ate this document is filed	by the Florida Depun	iment of State.)
 12. Attached is a certification of which it is	f State, by the Secretary	authenticated, not mor of State or other offici	e than 90 days prior to the lat having custody of the	e delivery of this appl entity's records in the	ication to the jurisdiction under
Signed this 12th	day of _	DECEMBER			•
	Ċ	1 Juin-	3 Bugha		
		WILLIAM B. BRIGH		- 	
			ein are true and the indivi rd degree felony as provi		
€er	ng Fees; tified Copy (optional); tificate of Status (optic	\$52.5		nd \$35 Registered Age	ent Feed.
		Page ?	2 of 2	SSEE. FLORIDA	13 M D. 22

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence, Limited Partnership

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

BRECKENRIDGE LIMITED PARTNERSHIP,

a limited partnership organized under the laws of the State of South Carolina on January 4th, 1985, and doing business in South Carolina under the name of:

BRECKENRIDGE LIMITED PARTNERSHIP,

has, as of the 5th day of December, 2016, filed all reports due this office, paid all fees due, and is in existence and authorized to do business in the State of South Carolina.

Given under my Hand and the Great Seal of the State of South Carolina this 5th day of December, 2016.

Mark Hammond, Secretary of State