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O SIMMONS FEB 2 1 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Daniels Brookshire (Ft. Myers), 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:

Ceil Petersson				
	Contact Person		_	
Cushing, Morris,	Armbruster & Mon	tgomery, LL	P	
	Firm/Company			
191 Peachtree	Street, N.E St	uite 4500		
	Address			
Atlanta, Georgi	a 30303			
Ci	ty, State and Zip Code			
shannon@sjcolli	insent.com			
E-mail address: (to be t	sed for future annual repor	t notification)	- 	
For further information co	oncerning this matter, pleas	e call:		
Ceil Petersson		_{at (} 404	,521	-2323
Name of Contact Person		Area Code and Daytime Telephone Number		
Enclosed is a check for th	e following amount:			
X\$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 Fil and Certified C	_	☐ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
CUBERT I BEBROO				

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

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DANIELS BROOKSHIRE (FT. MYERS), 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DANIELS

BROOKSHIRE (FT. MYERS), LP" WAS FORMED ON THE TWENTY-FOURTH DAY OF

SEPTEMBER, A.D. 2015.

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

A STATE OF THE STA

Authentication: 202034557

Date: 02-14-17

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

1. Daniels Brookshire (Ft. Myers), LP		
(Name of Limited Partnership or Limited I Acceptable Limited Partnership suffixes: Limited Partn	Liability Limited Partnership, which must include suffix) tnership, Limited, L.P., LP., or Ltd. xes: Limited Liability Limited Partnership, L.L.L.P. or LLL.	
If name unavailable, name under which the limited po	artnership or limited liability limited partnership proposes to Florida; must contain acceptable suffix.	register to transact
_{2.} Delaware	_{3.} September 24, 2015	
State or Country of Formation	State or Country of Formation Date of Formation	
4. Federal Employer Identification Number: 81-5	314735	
5. Name of Registered Agent for Service of Process Paracorp Incorporated	and Florida Street Address:	
155 Office Plaza Drive, 1st Floor		
Tallahassee, Florida 32301		
of all statutes relative to the proper and complete permy position as registered agent.	t and agree to act in this capacity. I further agree to comply erformance of my duties, and I am familiar with and accept to the second second second second second accept to the second	the obligations of
7. Principal Office: 5 SW Broad Street - Suite B		
Fairburn, Georgia 30213	Fairburn, Georgia 30213	-
9. If limited partnership is a limited liability limited 10. Name, principal office address, and mailing add Name of General Partner: Daniels Brookshire (Ft. My Street Address: 5 SW Broad Street - Fairburn, Georgia 3	ress of each general partner: rers) GP, LLC Name of General Partner: Suite B Street Address:	17 FEB 21 Ph
Mailing Address: P.O. Box 214 Fairburn, Georgia 3	Mailing Address:	\Box
Name of General Partner:	Name of General Partner:	
Street Address:	Street Address:	
Mailing Address:		

		Page 1 of 2	
Name of General Partne		Name of General Partne	r:
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	
11. Effective date, if other ((Effective date cannot be pri	han the date of filing: N/A	ifter the date this document is filed b	y the Florida Department of State.)
12. Attached is a certificate of	f existence duly authenticated by the Secretary of State or o	d, not more than 90 days prior to the	
Signed this 14 +h	_{day of} Februar	y , ₂₀ <u>17</u>	
	Sigr	A Collo	, as Manager of Daniels Brookshire (Ft. Myers) GP, LLC
The individual signing this d submitted in a document to the	ocument affirm that the facts in Department of State consti	stated herein are true and the individ tutes a third degree felony as provide	lual is aware that false information
	s: Copy (optional): of Status (optional):	\$1,000.00 (\$965 Filling Fee and \$52.50 \$8.75	\$35 Registered Agent Fee)

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