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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Gene Reed Investments Limited I	Partnership
	Partnership or Limited Liability Limited Partnership
The enclosed application, certificate of status a partnership to transact business in Florida. Please return all correspondence concerning the	and fees are submitted to register a foreign limited partnership or limited liability limited is matter to:
Andrea Cannon	
Contact Person	
Underwood & Roberts, PLLC	
Firm/Company	
3110 Edwards Mill Road, Suite 100	
Address	
Raleigh, NC 27612	
City, State and Zip Cod	
acook@rlulaw.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter,	please call:
Andrea Cannon	919 664-8803
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
S1,000.00 Filing Fees S1,008.75 Filing (\$965 Filing Fee and \$35 Registered Agent Fee)	
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

Gene Reed Investments 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. Georgia 1/10/2000 State or Country of Formation Date of Formation 4. Federal Employer Identification Number ____57-1088890 5. Name of Registered Agent for Service of Process and Florida Street Address: Robert L. Underwood 5728 Major Blvd., Suite 550 Orlando, FL 32819 6. Thereby 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: 8. Mailing Address: 247 Jungle Road 3110 Edwards Mill Road, Suite 100 Palm Beach, FL 33480 Raleigh, NC 27612 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner; Whitson GP, Inc. Name of General Partner: ____ Name of General Partner:___ 2424 Savannah Hwy Street Address: _____ Street Address: Charleston, SC 29414 Mailing Address: Mailing Address: Name of General Partner: Name of General Partner: Street Address: _____ Street Address: _____ Mailing 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 da Effective date cannot be prior to nor m Note: If the date inserted in this block d document's effective date on the Depart	oes not meet the applical	ble statutory filing requirement	o the Florida Department of State.) is, this date will not be listed as the
 Attached is a certificate of existence Florida Department of State, by the Secondard Indiana. The Secondard Indiana. 	duly authenticated, not i retary of State or other of	more than 90 days prior to the official having custody of the en	delivery of this application to the tity's records in the jurisdiction under
Signed this 6th day	of November	,2017	
		+ (M	Robert L. Underwood, Assistant Secretary of General Partner
	Signature	of a general partner	

The individual signing this document affirms 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) \$52.50

Certified Copy (optional): Certificate of Status (optional):

\$8.75

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Control Number: 0001909

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

GENE REED INVESTMENTS LIMITED PARTNERSHIP

a Domestic Limited Partnership

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 14952711 Date Inc/Auth/Filed: 01/10/2000 Jurisdiction : Georgia Print Date : 11/06/2017

Form Number : 211



B: P. Kemp Secretary of State