

B18000000099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

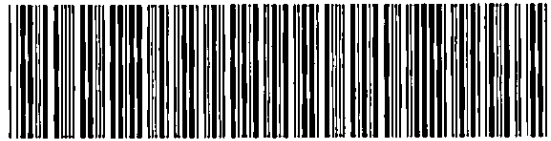
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/17/18--01015--002 **1061.25

18 APR 17 AM 9:39

FILED
2018 APR 17 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALLY
APR 17 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Carriage House Restaurant Associates of Rye
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:

Paul S. Mackey
Contact Person

24 Alchson Street
Firm/Company
Address

Rye, N.H. 03870
City, State and Zip Code

Paul@Kingfishgill.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul S. Mackey at (603) 502-6699
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

FILED
2019 APR 17 AM 9:57
CLERK OF STATE
TREASURY OF STATE
TASSEE, FLORIDA

1. The Carriage House Restaurant Associates of Ryer
(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. New Hampshire
State or Country of Formation

3. 6/15/1984
Date of Formation

4. Federal Employer Identification Number 02-0380599

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

Kingfish Grill LLC
252 Yacht Club Drive
St. Augustine, FL 32084

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]
Signature of Registered Agent

7. Principal Office:

Paul S. Mackey
24 Alchson Street
Rye, N.H. 03870

8. Mailing Address:

Paul S. Mackey
24 Alchson Street
Rye, N.H. 03870

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: Paul S. Mackey
Street Address: 24 Alchson Street
Rye, N.H. 03870

Name of General Partner: Maria Christina Mackey
Street Address: 24 Alchson Street
Rye, N.H. 03870

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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2018 APR 17 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name of General Partner: _____ Name of General Partner: _____
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

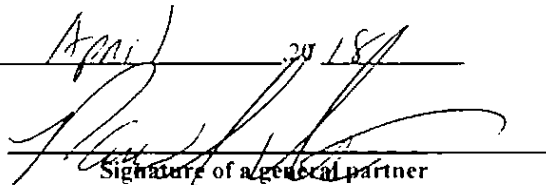
11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 Tuesday 17th day of April, 2018


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)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

State of New Hampshire
Department of State

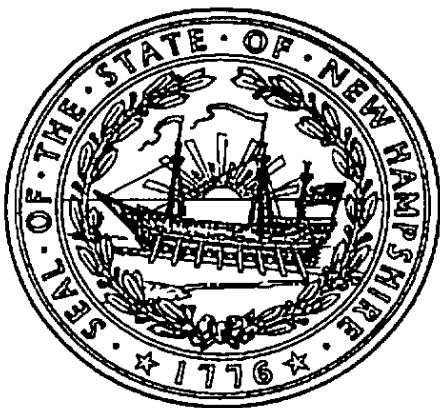
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2018 APR 17 AM 9:57
SECRETARY OF STATE
ATTAHASSEE, FLORIDA

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that THE CARRIAGE HOUSE RESTAURANT ASSOCIATES OF RYE a New Hampshire Limited Partnership formed to transact business in New Hampshire on June 15, 1984. I further certify that it has paid the fees required by law and has not dissolved.

Business ID: 57874

Certificate Number: 0004082379



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 16th day of April A.D. 2018.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State