B1800000220

(Requestor's Name)
(Address)
\sim 1 \sim 1
D.C. TOX
(Address)
Properties LY
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Continuous of Citatos
Special Instructions to Filing Officer:
Called & spoke
10/0/1/2/2/10
[W/10ex18/2/18]
1 man about cles
10-les o les con la
122 3 L Marie 1
Called & spoke W/Neil 8/2/18 Need appur cus by 4 proximan Corporation Needs
A 1
alt Nandine Use Only



100306744271

06/28/16--01033--013 **1061.25

2010 AUG 13 PH 6: 41

M. MILLIGAN AUG 1 3 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: D.L. Fox Properties,	LP
Name of Foreign Limited Partner	ship or Limited Liability Limited Partnership
	are submitted to register a foreign limited partnership or limited limbility limited
Anne	
Contact Person	· · · · · · · · · · · · · · · · · · ·
DL Fox Properties	
Firm/Company	
DL Fox Properties Firm/Company 623 Trestle Point Address	
Address	
Sanford, FL 32771 City, State and Zip Code	
City, State and Zip Code	
E-mail address: (to be used for future annual report no	ptification)
For further information concerning this matter, please c	
a l. d	
Name of Contact Person	Area Code and Daytime Telephone Number
	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	ck Sent previously
1 \$1,000.00 Filing Fees \$1,008.75 Filing Fees	\$1,052,50 Filing Fees \$1,061,25 Filing Fee
(\$965 Filing Fee and and Certificate of \$35 Registered Agent Status	and Certified Copy Certified Copy, and
Fee)	Certificate of Status
STREET ADDRESS:	ALLING ADDRESS:
Registration Section Re	egistration Section
Cliffor Professions Di	vision of Corporations
2661 Executive Center Circle	O. Box 6327 Hahassee, FL 32314
Tallahassee, FL 32301	minasce, 11, 54514
•	



July 16, 2018

Florida Division of Corporations Registration Section PO Box 6327 Tallahassee, Florida 32314

Re: Corporation Filing Status – ref# W168000046055

wi8-67009

To Whom it May Concern:

Please find the enclosed "Certificate of Existence" from The State of South Carolina as required to complete our filing with The State of Florida.

Sincerely,

Dan Fox



FLORIDA DEPARTMENT OF STATE Division of Corporations

Called 8/1/18 faire The app to me

July 23, 2018

DAN FOX FOX PROPERTIES 1740 SE 18TH STREET #901 OCALA, FL 34471

SUBJECT: D.L. FOX PROPERTIES, LP

Ref. Number: W18000067009

We have received your document for D.L. FOX PROPERTIES, LP and your check(s) totaling \$1067.25. However, the document has not been filed and is being retained in this office for the following:

Your previous application/filling has been abandoned. The attached application must be completed and return with a copy of this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 518A00015113

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

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

imited Partnership, which must include suffix) imited, L.P., L.P., or Ltd. ad Liubility Limited Partnership, L.L.L.P., or LLLI or limited liability limited partnership proposes to st contain acceptable suffix. 3. September 26, 2002 Date of Formation a Street Address: to act in this capacity. I further agree to comply to of my duties, and I am familiar with and accept the egistered Agent failing Address: Trestle Point ford, Florida 32771	register to transs	
Date of Formation Date of Formation a Street Address: to act in this capacity. I further agree to comply to find duties, and I am familiar with and accept the legistered Agent Asiling Address: Trestle Point aford, Florida 32771	with the provision the obligations of	75
Date of Formation Date of Formation a Street Address: to act in this capacity. I further agree to comply to find duties, and I am familiar with and accept the legistered Agent Asiling Address: Trestle Point aford, Florida 32771	with the provision the obligations of	713
a Street Address: to act in this capacity. I further agree to comply to of my duties, and I am familiar with and accept the egistered Agent failing Address: Trestle Point aford, Florida 32771	ne obligations of	99.0
a Street Address: to act in this capacity. I further agree to comply to of my duties, and I am familiar with and accept the egistered Agent failing Address: Trestle Point aford, Florida 32771	ne obligations of	99.0
to act in this capacity. I further agree to comply to of my duties, and I am familiar with and accept the egistered Agent Aniling Address: 3 Trestle Point	ne obligations of	9950
Segistered Agent Segistered A	ne obligations of	99.0
Segistered Agent Segistered A	ne obligations of	99.0
Segistered Agent Segistered A	ne obligations of	9950
3 Trestle Point nford, Florida 32771	SECACIANT OF S	note EHC 1
3 Trestle Point nford, Florida 32771	E ACC - CETACH OF S	E 15 -
	ARTANY OF S	- -
p. check box.	- ma	ىـ
	·~~ - *	다. 1일 1일 1일 1일 1일 1일 1일 1일 1일 1일 1일 1일 1일
Name, principal office address, and mailing address of each general partner: Name of General Partner: Name of General Partner: 623 Trestle Point		_
•		-
Street Address:		-
Mailing Address:	- .	
Name of General Partner:		-
Street Address:		
· · · · · · · · · · · · · · · · · · ·	W	
	Name of General Partner: Street Address:	Name of General Partner: Street Address:

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
	Mailing Address:
11. Effective date, if other than the date of filling: (Effective date cannot be prior to nor more than 90 days of	er the date this document is filed by the Florida Department of State.)
12. Attached is a certificate of existence duly authenticated, a Florida Department of State, by the Secretary of State or other law of which it is organized.	not more than 90 days prior to the delivery of this application to the er official having custody of the entity's records in the jurisdiction under
Signed this 1st day of August	20 18
_ < Dan	ure 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)

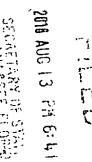
Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2



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:

D. L. FOX PROPERTIES, LP,

a limited partnership organized under the laws of the State of South Carolina on September 26th, 2002, and doing business in South Carolina under the name of:

D. L. FOX PROPERTIES, LP,

has, as of the 13th day of July, 2018, 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 13th day of July, 2018.

Mark Hammond, Secretary of State