

B18 000000241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200317933572

RECEIVED
18 SEP - 4 PM 1:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 SEP - 5 6:11:00

T. CLINE

SEP - 7

EXAMINER



RESUBMIT

Please give original
submission date as file date.

FILE 2ND

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2018

CSC
ROXANNE TURNER
TALLAHASSEE, FL

SUBJECT: ROCK ROSE PARTNERS FAIRFIELD LAKES, LP
Ref. Number: W18000079577

We have received your document for ROCK ROSE PARTNERS FAIRFIELD LAKES, LP and the authorization to debit your account in the amount of \$1052.50. However, the document has not been filed and is being returned for the following:

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline
Regulatory Specialist III

Letter Number: 518A00018344

1803 SEP - 5 PM 11:06

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

18 SEP - 6 PM 4:15

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 372918 4304417
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ *1052.50*

ORDER DATE : September 4, 2018
ORDER TIME : 11:58 AM
ORDER NO. : 372918-005
CUSTOMER NO: 4304417

FOREIGN FILINGS

NAME: ROCK ROSE PARTNERS FAIRFIELD LAKES, LP

XX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ROXANNE TURNER EXT 62969

EXAMINER: _____

2018-09-04 11:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rock Rose Partners Fairfield Lakes, 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:

Lakecia Stanford

Contact Person

Much Shelist, P.C.

Firm/Company

191 N. Wacker Drive, Suite 1800

Address

Chicago, IL 60606

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____, at (_____) _____
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 and Certified Copy Certified Copy, and
\$35 Registered Agent Status Certificate of Status
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

SEP 11 2006

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

1. Rock Rose Partners Fairfield Lakes, LP

(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. Delaware

State or Country of Formation

3. August 28, 2018

Date of Formation

4. Federal Employer Identification Number: 83-1782330

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

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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.

By: Roxanne Turner

Signature of Registered Agent

Roxanne Turner
Asst. Vice President

7. Principal Office:

5650 Breckenridge Park Drive, Suite 302

Tampa, FL 33610

8. Mailing Address:

5650 Breckenridge Park Drive, Suite 302

Tampa, FL 33610

9. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

Rock Rose Fairfield Lakes

MISS-8188

Name of General Partner: Manager, LLC

Name of General Partner: _____

Street Address: 5650 Breckenridge Park Drive, Suite 302

Street Address: _____

Tampa, FL 33610

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: _____

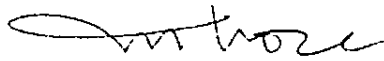
11. Effective date, if other than the date of filing: _____

(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 24th day of August, 2018



_____, Manager of the 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)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROCK ROSE PARTNERS FAIRFIELD LAKES, 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 FOURTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROCK ROSE PARTNERS FAIRFIELD LAKES, LP" WAS FORMED ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2018.

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



7034235 8300

SR# 20186479904

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203356241

Date: 09-04-18