B1900000024

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
W18-103085 (Business Entity Name)		
(Business Emily Hume)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



4003205182

11/09/18--01013---021

OCT 23 2619 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations			
Co.lo Partners TTD)		
SUBJECT: Name of Foreign Limited Partners		ip or Limited Lie	al ility Limited Fartnership
The enclosed application, certificate of status and fe partnership to transact business in Florida. Please return all correspondence concerning this ma			rgister a foreign limited partnership or limite.
Connie Mitchell			
Contact Person CoJo Partners, LTD.			
Firm/Company 6647 S.FM 56,			
Address Glen Rose, TX 76043			
City, State and Zip Code Conniemit@me.com			
E-mail address: (to be used for future annual repo	rt no	tification)	
For further information concerning this matter, plea Connie Mitchell	se ca	254	3 963381
Name of Contact Person	"	·	Daytime Telephone Number
Enclosed is a check for the following amount:			
S1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fee and Certificate of Status	s ⋤	\$1,052.50 Filin and Certified C	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	Re D P.	AHAING ADDR egistration Section ivision of Corpor O. Box 6327 (llahassee, FL 3)	or actions

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

CoJo Partners, Ltd.

Veceniable Limited Partnership suffixes: Limite	mited Liability Limited Partnership, which must include suffix) ed Partnership, Limited, L.P., LP, or Ltd. ip suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP,
If name unavailable, name under which the lin busing	nited partnership or limited liability limited partnership proposes to regisess in Florida; must contain acceptable suffix. December 19, 2010
)	
State or Country of Format { 	Ein 46-1999794
 Name of Registered Agent for Service of P Connie Fay Mitchell, manager 	rocess and Florida Street Address:
2950 Overseas Hwy, lot 46	
Key West, FL 33040	
 I hereby accept the appointment as registere of all statutes relative to the proper and com my position as registered agent. 	ed agent and agree to act in this capacity. I further agree to comply with applete performance of my duties, and I am familiar with and accept the ob- Connie fas Mitchell, not
	Signature of Registered Agent
	8, Mailing Address: Same
CoJo Partners, Ltd.	· ·
CoJo Partners, Ltd. 6647 S. FM 56	· ·
CoJo Partners. Ltd. 6647 S. FM 56 Glen Rose, TX 76043	Same
CoJo Partners, Ltd. 6647 S. FM 56 Glen Rose, TX 76043 D. If limited partnership is a limited liability O. Name, principal office address, and mail	Same limited partnership, check box. ling address of each general partner:
CoJo Partners, Ltd. 6647 S. FM 56 Glen Rose, TX 76043 D. If limited partnership is a limited liability 10. Name, principal office address, and mail Alvie and Con Name of General Partner:	Same limited partnership, check box. ling address of each general partner:
CoJo Partners, Ltd. 6647 S. FM 56 Glen Rose, TX 76043 D. If limited partnership is a limited liability 10. Name, principal office address, and mail Alvie and Con Name of General Partner: 6647 S. FM 56 Street Address:	Same fimited partnership, check box. ling address of each general partner: nie Mitchell Name of General Partner: Street Address:
CoJo Partners, Ltd. 6647 S. FM 56 Glen Rose, TX 76043 D. If limited partnership is a limited liability O. Name, principal office address, and mail Alvie and Con Name of General Partner: 6647 S. FM 56 Street Address; Glen Rose, TX 76043	Same fimited partnership, check box. ling address of each general partner: nie Mitchell Name of General Partner: Street Address:
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Name of General Partner: 6647 S. FM 56 Street Address: Glen Rose, TX 76043 Mailing Address: Same Name of General Partner:	Same fimited partnership, check box. ling address of each general partner: nie Mitchell Name of General Partner: Street Address: Mailing Address:

Name of Gereral Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
(Effective date cannot be prior to nor more	of filing: New Tate 1/1 2020 5m thm 90 days after the date this document is filed by the Florida Department of the applicable statutory filing requirements, this date will not be 1 at of State's records.
12. Attached is a certificate of existence dul Florida Department of State, by the Secretar the law of which it is organized.	y authenticated, not more than 90 days prior to the delivery of this applicati ry of State or other official having custody of the entity's records in the juris
Signed this	November 208 Signature of a general partner
The individual signing this document affirm	is that the facts stated herein are true and the individual is aware that false in

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

Page 2 of 2

P.O.Box 13697 Austin, Texas 78711-3697



Secr

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certi Formation for COJO Partners, Ltd. (file number 801362489), a Domestic Limited Partnership was filed in this office on December 29, 2010.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my officially and caused to be impressed hereon the: State at my office in Austin, Texas on September 2019.



Ruth R. Hughs Secretary of State

X: (514) 405-5709

Dial: 7-1-1 for Relay

Phone: (512) 463-5555

Propaged by: SOS-WER

GLENN HEGAR TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

P.O. Box 13528 . Austin, TX 78711-3528

THE STATE OF TEXAS

Ş

COUNTY OF TRAVIS

S

I. James F. More, of the Open Records Section of the Comptroller of Public Accounts of State of Texas. DO HEREBY CERTIFY AND ATTEST, that I am a custodian of franch tax records and files, that according to the records of this office, COJO Partners, L taxpayer number 3-20432-7837-6, right to transact business in Texas is Active as September 23, 2019.

I FURTHER CERTIFY these records consists of official records or reports or entries therein, or documents authorized by law to be recorded or filed, and actually recorded or filed, in a public office, including data compilations, in any form, certified as correct by the custodian or other person authorized to make the certification.

IN TESTIMONY WHEREBY, I have hereunto signed my name officially and caused to be impressed on this 23rd Day of September 2019 A.D.

James F. More, Custodian of Records

/Open Records

Comptroller of Public Accounts

jfm

