

B19000000315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

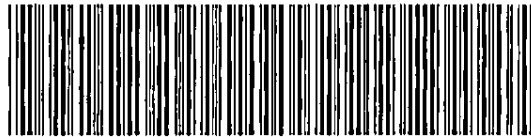
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/30/19--01004--003 **61.25

12/30/19--01004--004 **1000.00

29 MAR 30 AM 9:21

FILED
2019 DEC 30 AM 9:46
SECOND FLOOR OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jammes Road Family Limited Partnership
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 R. Gilreath
Contact Person

7739 Rolling Hills Dr.
Firm/Company
Address

Jacksonville, FL 32221
City, State and Zip Code

p.gilreath@comcast.net
E-mail address: (to be used for future annual report notification)

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2019 DEC 30 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Paul R. Gilreath at (904) 237-3798
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fee (\$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

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. James Read Family 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.

2. Indiana

State or Country of Formation

3. June 3, 2008

Date of Formation

4. Federal Employer Identification Number: _____

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

Della J. Gilreath

7739 Rolling Hills Dr.

Jacksonville, FL 32221

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

Della J. Gilreath

Signature of Registered Agent

7. Principal Office:

8. Mailing Address:

7739 Rolling Hills Dr

Jacksonville, FL 32221

7739 Rolling Hills Dr

Jacksonville, FL 32221

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 R. Gilreath

Name of General Partner: Della Jean Gilreath

Street Address: 7739 Rolling Hills Dr

Street Address: 7739 Rolling Hills Dr

Jacksonville, FL 32221

Jacksonville, FL 32221

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: 12/30/2019

(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 30th day of December, 2019

Paul R. Sibbach
Signature of a general partner

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2019 DEC 30 AM 9:47
STATE DEPT OF FLORIDA
TALLAHASSEE, FLORIDA

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 Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

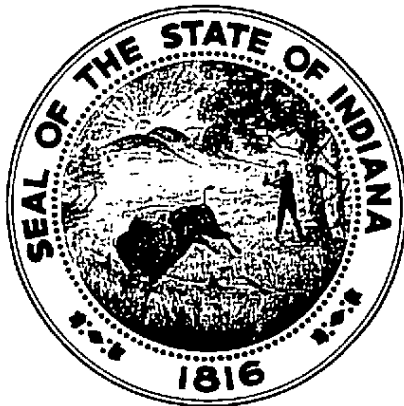
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

JAMMES ROAD FAMILY LIMITED PARTNERSHIP

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 03, 2003, and was in existence or authorized to transact business in the State of Indiana on December 27, 2019.

I further certify this Domestic Limited Partnership has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 27, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2003060400574 / 20191238071

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on January 26, 2020.

FILED
2019 DEC 20 AM 9:17
SECRETARY OF STATE
ALLAHABAD, FLORIDA