

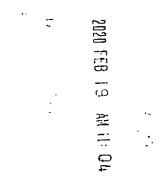
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DATE:

2/19/20

NAME: JEFF NEILL CONSTRUCTION LTD

TYPE OF FILING: PARTNERSHIP

COST: **\$1,061.25 - CHECK IS ATTACHED**

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT FCA000000015

AUFITORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Teff Neill Construction LTP 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 partnership to transact business in Florida. Please return all correspondence concerning this matter to:	or limited lia	bility lín	niteđ
Ashvin MASIADenhAS Contact Person Crystal Falls Investments HC Firm/Company 1175 S. US Hwy Address Vew But J32962 City, State and Zip Code Ash @ Crystal Falls LLC. com E-mail address: (to be used for future annual report notification)	TALLAHASSEE, FLORIDA	2020 EEB 19 PH 4: 40	TITO
For further information concerning this matter, please call: ASL MASCARech AS at (561) 289. 2567 Name of Contact Person Area Code and Daytime Telephone Number	-		
Enclosed is a check for the following amount: S1,000.00 Filing Fee S1,008.75 Filing Fees S1,052.50 Filing Fees Certified Copy S35 Registered Agent Status Fee Fee Fee Fee Fee Fee S1,002.50 Filing Fees S1,061.25 Filing Fees Certified Copy Certified Copy Certificate of Status Certifi			
Mailing Address: Street Address:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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. Jeff NEILL CONSTRUCT	Lin LTD		
(Name of Limited Partnership or Limited Liability Limit	ed Partnership, which must include suffix)		
Acceptable Limited Partnership suffixes: Limited Partnership, Limite Acceptable Limited Liability Limited Partnership suffixes: Limited L			
Sace Com ITD	•		
If name unavailable, name under which the limited partnership or li			
business in Florida; must co	ontain acceptable suffix.		
2. <u>eva-S</u> State or Country of Formation	August 0/ 2000 B		
4. Federal Employer Identification Number: 74 - 296	5766 Date of Formation FB		
5. Name of Registered Agent for Service of Process and Florida S	treat Address:		
Ashrin MASCARREN has	PH 4: 40		
	Los F:		
1175 S. US HW	ROE 6		
Vero Bench, FL 32962	V		
6. I hereby accept the appointment as registered agent and agree to of all statutes relative to the proper and complete performance of my position as registered agent.			
Signature of Registered Agent			
7. Principal Office: S. Ma	iling Address:		
1175 S. 115 HWY	PO Box 643550		
Vero Beach Fl 32965	Vero Bah F1 32964		
VEN DESERVE , 1 1 30 7 0 0	1		
·	· · · · · · · · · · · · · · · · · · ·		
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: Eugene WASIARIN	Name of General Partner: Tode Hodemann		
Street Address: 1 N Ocara Blyd, 1907	Street Address: 5751 FM 489		
Pompano, Buh FL 331			
	Mailing Address: 5751 FM 482		
Vero Bah, Fl 3296	4 New Brava Fels, 1 × 7813)		
Name of General Partner:	Name of General Partner:		
Street Address:	Street Address:		
Mailing Address:	Mailing Address:		

Page 1 of 2

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:	ate this document is filed by the Florida Department of State in
12. Attached is a certificate of existence duly authenticated, not more Florida Department of State, by the Secretary of State or other office the law of which it is organized. Signed this day of day of	ial having custody of the entity's records in the jurisdiction under
C / Aut	a general nartner

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

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



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate Of Limited Partnership for JEFF NEILL CONSTRUCTION, LTD. (file number 13808910), a Domestic Limited Partnership (LP), was filed in this office on August 07, 2000.

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

B 19 PM 4: 40
ARY OF STATE

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 18, 2020.



Ruth R. Hughs Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services