

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
Buller River Development Partners, LP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

45
6/22/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Buller River Development Partners, 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:

Rebecca Losee Petitgout

Contact Person

Shumaker, Loop & Kendrick, LLP

Firm/Company

101 South Tryon Street, Suite 2200

Address

Charlotte, North Carolina 28280

City, State and Zip Code

pam@brdevelop.com

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

For further information concerning this matter, please call:

Rebecca Losee Petitgout

at (**704**) **945-2173**

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

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TALLAHASSEE, FLORIDA

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

1. Buller River Development Partners, 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. North Carolina

State or Country of Formation

3. November 8, 2017

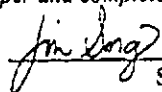
Date of Formation

4. Federal Employer Identification Number: 81-1009645

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

C T Corporation System1200 South Pine Island Road, #250Plantation, Florida 33324

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.

Jin Song, Assistant Secretary

Signature of Registered Agent

7. Principal Office:

725 Cherry Road, Suite 3234Rock Hill, South Carolina 29732

8. Mailing Address:

725 Cherry Road, Suite 3234Rock Hill, South Carolina 297329. 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: Buller River Developments, LLC

Name of General Partner: _____

Street Address: 725 Cherry Road, Suite 3234
Rock Hill, South Carolina 29732

Street Address: _____

Mailing Address: 725 Cherry Road, Suite 3234
Rock Hill, South Carolina 29732

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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TALLAHASSEE, FLORIDA

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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 19th day of June 20 20

Buller River Developments, LLC, General Partner

X

Signature of a general partner
Kevin Burrell, Manager

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

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NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

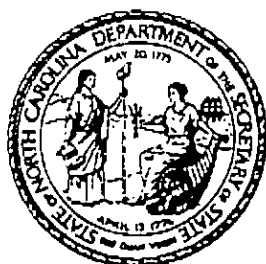
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

BULLER RIVER DEVELOPMENT PARTNERS, LP

is a limited partnership regularly created, organized and existing under the laws of the state of North Carolina, having filed a Certificate of Limited Partnership in my office on the 8th day of November, 2017.

I FURTHER certify that the aforesaid limited partnership has not filed a Certificate of Cancellation with this office as of the date set forth hereunder.

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OFFICE OF THE SECRETARY OF STATE
NORTH CAROLINA



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of June, 2020.

Elaine F. Marshall

Secretary of State