

B21000000209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

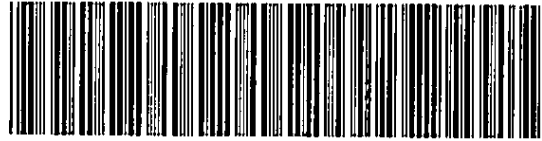
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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APPROVED  
AND  
FILED  
2021 APR 23 PM 3:42



April 20, 2021

Florida Department of State  
Registration Section  
Division of corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE:** Shawkey Family Limited Partnership

Dear Sir or Madam:

Enclosed please find the completed form to register the Shawkey Family Limited Partnership, a Tennessee limited partnership, to transact business in the state of Florida. Enclosed also find check number 6608 in the amount of \$1,061.25 to cover recording fees. Please handle the documents in your customary manner and return the recorded original to me in the self-address and stamped envelope.

Thank you.

Very truly yours,

**HARRIS SHELTON HANOVER WALSH, PLLC**

A handwritten signature in black ink, appearing to read "Michelle Taylor".

Michelle Taylor  
Legal Assistant

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shawkey 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:

J. Tyler Shawkey  
Contact Person  
Shawkey Family Limited Partnership  
Firm/Company  
2300 Intracoastal Drive  
Address  
Fort Lauderdale, FL 33305  
City, State and Zip Code  
tylershawkey@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:  
J. Tyler Shawkey at ( 901 ) 652-0008  
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. Shawkey 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. Tennessee

State or Country of Formation

3. 12/23/2016

Date of Formation

4. Federal Employer Identification Number. 81-4826855

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

J. Tyler Shawkey

2300 Intracoastal Drive

Fort Lauderdale, FL 33305

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.

  
Signature of Registered Agent

7. Principal Office:

2250 Lochlevin Drive

Memphis, TN 38119

8. Mailing Address:

2300 Intracoastal Drive

Fort Lauderdale, FL 33305

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2016 APR 23 PM 3:42

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: J. Tyler Shawkey

Street Address: 2300 Intracoastal Drive

Fort Lauderdale, FL 33305

Mailing Address: 2300 Intracoastal Drive

Fort Lauderdale, FL 33305

Name of General Partner: Jacquelyn Elizabeth Shawkey

Street Address: 2300 Intracoastal Drive

Fort Lauderdale, FL 33305

Mailing Address: 2300 Intracoastal Drive

Fort Lauderdale, FL 33305

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_

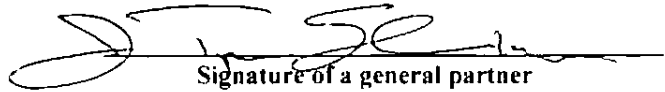
11. **Effective date, if other than the date of filing:** Date of filing \_\_\_\_\_

*(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 14<sup>th</sup> day of April, 2021



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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>



Tre Hargett  
Secretary of State

Division of Business Services  
Department of State

State of Tennessee  
312 Rosa L. Parks AVE. 6th FL  
Nashville, TN 37243-1102

MICHELLE TAYLOR  
SUITE 100  
6060 PRIMACY PARKWAY  
MEMPHIS, TN 38119

April 1, 2021

Request Type: Certificate of Existence/Authorization  
Request #: 0410677

Issuance Date: 04/01/2021  
Copies Requested: 1

Document Receipt

Receipt #: 006248802

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3803026056

\$20.00

Regarding: Shawkey Family Limited Partnership

Filing Type: LP 1988 Act - Domestic

Control #: 880324

Formation/Qualification Date: 12/23/2016

Date Formed: 12/23/2016

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: SHELBY COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Shawkey Family Limited Partnership

\* is a Limited Partnership duly created under the law of this State, whose Certificate of Limited Partnership was filed with this office on the date given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 045427331