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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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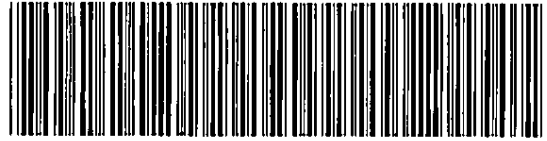
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
T. LEMIEUX

T. LEMIEUX
JUN 17 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Conover Town Center LLLP

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:

Marc Hagle

Contact Person

Conover Town Center LLLP

Firm/Company

270 W New England Avenue

Address

Winter Park, FL 32789

City, State and Zip Code

joann@tricor.net

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

For further information concerning this matter, please call:

JoAnn Farano

at (407) 629-2040

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fee ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fee,
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and
\$35 Registered Agent Status Certificate of Status
Fee)

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. Conover Town Center LLLP

(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. October 9, 2015

Date of Formation

4. Federal Employer Identification Number: 38-3982653

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

Marc Hagle

270 W New England Avenue

Winter Park, FL 32789

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]
Signature of Registered Agent

7. Principal Office:

270 W New England Avenue

Winter Park, FL 32789

8. Mailing Address:

270 W New England Avenue

Winter Park, FL 32789

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TALLAHASSEE, FL

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: Conover GP, Inc.

Name of General Partner: _____

Street Address: 270 W New England Avenue

Street Address: _____

Winter Park, FL 32789

Mailing Address: 270 W New England Avenue

Mailing Address: _____

Winter Park, FL 32789

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: _____

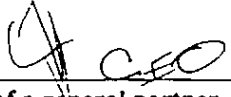
11. Effective date, if other than the date of filing: _____

(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 4 day of June, 2024


Signature of a general partner MARC HAGLE, CEO of
CONOVER GP, INC.

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



NORTH CAROLINA

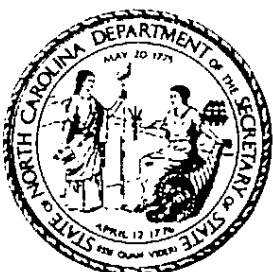
Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CONOVER TOWN CENTER LLLP

is a registered limited liability limited partnership regularly created, organized and existing under the laws of the state of North Carolina, having filed a Certificate of registered limited liability limited partnership in my office on the 9th day of October, 2015. I FURTHER certify that the aforesaid registered limited liability limited partnership has not filed a Certificate of Cancellation with this office as of the date set forth hereunder.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 4th day of June, 2024.

Elaine F. Marshall

Secretary of State