

# GP

(For Office Use Only)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
(Name of Partnership)

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Statement of Partnership Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

## STATEMENT OF PARTNERSHIP AUTHORITY

Pursuant to section 620.8303, Florida Statutes, this partnership submits the following statement of partnership authority:

*(Note: A statement of partnership authority cannot be filed with the Florida Department of State unless a partnership registration was previously filed and is of record with this office.)*

**FIRST:** The name of the partnership is: \_\_\_\_\_

**SECOND:** The partnership was registered with the Florida Department of State on \_\_\_\_\_ and assigned registration number GP \_\_\_\_\_.

**THIRD:** The names and addresses of the partners authorized to execute an instrument transferring real property held in the name of the partnership are:


(Please list additional partners on attachment, if necessary)

**FOURTH:** If applicable, state or include the authority, or limitations on the authority, of any of the partners to enter into other transactions on behalf of the partnership, and any other matter:

**Names and addresses of Partners:**

**Statement of Authority or Limitation of Authority:**


(Please list additional partners on attachment, if applicable.)

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

(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)

The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any 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.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signatures of a partner or authorized person: \_\_\_\_\_

Typed or printed name of person signing above: \_\_\_\_\_

**NOTE: A FILED STATEMENT OF PARTNERSHIP AUTHORITY IS CANCELED FIVE YEARS AFTER THE DATE ON WHICH THIS STATEMENT, OR THE MOST RECENT AMENDMENT, WAS FILED WITH THE DEPARTMENT OF STATE.**

Filing Fee:	\$25.00
Certified copy:	\$52.50 (optional)
Certificate of Status:	\$ 8.75 (optional)