GP

(For Office Use Only)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
(Name of Partnership)

The enclosed Partnership Registration Statement 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

PARTNERSHIP REGISTRATION STATEMENT

1._____
(Name of Partnership)

2._____ 3. _____
(State/County of Formation) (FEI Number)

4._____
(Street Address of Chief Executive Office)

5._____

_____
(Street Address of Principal Office in Florida, if applicable)

6. In accordance with s. 620.8105(1)(c)(1 & 2), Florida Statutes, required partner information is provided in one of the following options:

☐ Attached is a list of the names and mailing addresses of ALL partners and Florida Registration Numbers, if other than individuals, **or:**

☐ The name and street address of the agent in Florida who shall maintain a list of the names and addresses of all partners:

NAME & FLORIDA STREET ADDRESS OF FLORIDA AGENT	**IF OTHER THAN INDIVIDUAL, FLORIDA REGISTRATION NUMBER**
_____	_____
_____	
_____	

If any of the partners are other than individuals, its entity name and Florida Registration Number must be listed below:

_____	_____
_____	_____
_____	_____
Partner Entity Name	Florida Document Number

7. 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.)

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.

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

We are 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 TWO Partners: _____

_____

Typed or printed names of partners signing above:_____

_____

Filing Fee:	$50.00
Certified copy:	$52.50 (optional)
Certificate of Status:	$ 8.75 (optional)

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314