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.)

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

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

SAMPLE
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