Florida Department of State Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000287038 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: GOLD & RESNICK, P.A.

Account Number : I20010000018

Phone

: (813)254-2071

Pax Number

: (813)251-0616

## FLORIDA/FOREIGN LP/LLP

FMS\_REALTY\_HOLDINCS, L. L. L. P.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

(((H06000287038 3)))

## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY 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.
2. 704 West Bay Street
(Street address of initial designated office)
Tampa, FL 33606-2706
3. Aaron J. Gold, Esquire
(Name of Registered Agent for Service of Process)
4 704 West Bay Street
(Plorida street address for Registered Agent)
Tampa, FL 33606-2706
5. 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 Regulatofed Agent
<sub>6.</sub> 704 West Bay Street
(Mailing address of initial designated office)
Tampa, FL 33606-2706
7. If limited partnership elects to be a limited liability limited partnership, check box

Page 1 of 2

(((H06000287038 3)))

8. Name and business address of ex Name:		pariner: usin <b>e</b> ss <u>Addres</u> :	<u> </u>	
FMS GP, L. L. C.	_ 7	704 West Bay Street		
La-11631	1001 ]	ampa, FL	33606-2706	
			,	
,				
	_	4· • • • • • • • • • • • • • • • • • • •		
	<del>-</del>	~ <u>~</u>		
_	<del>-</del>			
11				
· · · · · · · · · · · · · · · · · · ·		······································		
		· · · · · · · · · · · · · · · · · · ·		
	٠		<u></u>	
,				
). 14 steering date, if other than the date of t				
Effective date cannot be prior to no filed by the Florida Department of S Signed this	State.)		the date the document is	
lignature of each general purtuer:				
FMS CP, L. L. C.				
av: 77.7				
Zucel Sole, Member				
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 \$52,50 \$8.75	(\$965 Filing Fee :	and \$35 Registered Agent Fee)	

Page 2 of 2