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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

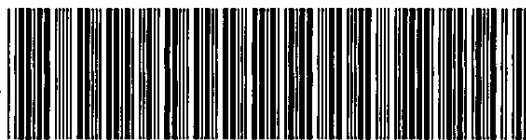
(Business Entity Name)

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LAW OFFICES OF JEFFREY B. KAHN, P.A.

WWW.KAHNTAXATTORNEY.COM

JEFFREY B. KAHN, LL.M.(TAX)
BOARD CERTIFIED TAX LAW

E-MAIL: JKAHN@ATTORNEY-CPA.COM

CORAL SPRINGS OFFICE:
3300 UNIVERSITY DRIVE, SUITE 711
CORAL SPRINGS, FLORIDA 33065
TELEPHONE: 954-757-6100 FACSIMILE: 954-757-6110

BOYNTON BEACH OFFICE:
2500 QUANTUM LAKES DRIVE, SUITE 203
BOYNTON BEACH, FLORIDA 33426
TELEPHONE: 561-853-2103 FACSIMILE: 561-853-2199

REPLY TO: CORAL SPRINGS

June 12, 2007

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Celiberti Family Holdings, LLLP

Dear Sir/Madam:

I am enclosing the Certificate of Limited Partnership for the above referenced limited liability limited partnership to be filed with the Department of State.

Also enclosed is a check made payable to the Secretary of State in the amount of \$1,052.50 covering the filing fees for the Certificate above and the cost of a certified copy of the same.

Please return the certified copy and proof of filing to me at the address indicated above.

If you have any questions, please do not hesitate to contact me.

Very truly yours,


Jeffrey B. Kahn

Encl.

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**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

The undersigned, desiring to form a limited liability limited partnership under the Florida Revised Uniform Limited Partnership Act hereby states the following:

1. The name of the Limited Liability Limited Partnership is:

CELIBERTI FAMILY HOLDINGS, LLLP

2. The initial designated office of the Limited Liability Limited Partnership is located at:

2219 S. Central Avenue
Flagler Beach, FL 32136

3. The name and address of the Registered Agent for Service of Process is:

Jeffrey B. Kahn, Esq.
3300 University Drive, Suite 711
Coral Springs, FL 33065

4. The mailing address for the Limited Liability Limited Partnership is:

2219 S. Central Avenue
Flagler Beach, FL 32136

5. This limited partnership elects to be a Limited Liability Limited Partnership.

6. The name and business address of each General Partner are:

JOSEPH CELIBERTI
2219 S. Central Avenue
Flagler Beach, FL 32136

CAROLE CELIBERTI
2219 S. Central Avenue
Flagler Beach, FL 32136

7. The Effective Date of this Certificate is the 12th day of June, 2007.

[signatures on following page]


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IN WITNESS WHEREOF, the undersigned has executed this Certificate as of this 5
day of June, 2007.

GENERAL PARTNER



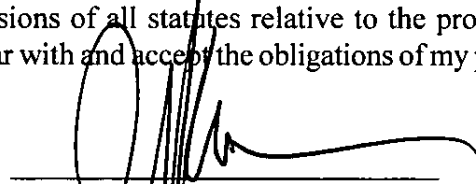
JOSEPH CELIBERTI



CAROLE CELIBERTI

ACCEPTANCE AS RESIDENT AGENT

I HEREBY ACCEPT the foregoing 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.



Jeffrey B. Kahn, Esq.

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