

To The Florida Dept. of State  
Subject: 001869.107909

From: Ashley Smith

Wednesday, July 29, 2009 3:50 PM Page: 1 of 4

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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L. SELLERS

JUL 30 2009

From: Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
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EXAMINER

001869.107909

FLORIDA/FOREIGN LP/LLLP

LMF FAMILY PARTNERSHIP, L.P.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

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**CERTIFICATE OF LIMITED PARTNERSHIP OF**  
**LMF FAMILY PARTNERSHIP, L.P.**  
**a Florida limited partnership**

The undersigned general partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, does hereby state the following:

1. The name of the Partnership is:  
**LMF FAMILY PARTNERSHIP, L.P.**
2. The address of the office of the Partnership is:  
**2364 Burton Ln.  
Sarasota, FL 34239**
3. The name and address of the agent for service of process on the Partnership is as follows:  
**Gregory S. Band  
One South School Ave., Suite 500  
Sarasota, FL 34237**
4. The names and business address of the general partner is as follows:  
**LMF FAMILY, LLC  
2364 Burton Ln.  
Sarasota, FL 34239**
5. The mailing address of the Partnership is:  
**2364 Burton Ln.  
Sarasota, FL 34239**
6. The effective date of this Certificate of Limited Partnership shall be the effective date of the filing of the certificate of limited partnership with the Department of State.

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The execution of this certificate by the undersigned general partners constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by LORELEI D. MICHAELS, as Manager of LMF FAMILY, LLC, a Florida limited liability company, the general partner of LMF FAMILY PARTNERSHIP, L.P., a Florida limited partnership, this 24<sup>th</sup> day of June, 2009.

"GENERAL PARTNER"

WITNESSES AS TO:  
Lorelei D. Michaels, Manager

Greg S. Bond  
Walter

Lorelei Michaels  
LMF FAMILY, LLC,  
a Florida limited liability company  
By: Lorelei D. Michaels, as Manager

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**ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT**

Having been named to accept service of process for LMF FAMILY PARTNERSHIP, L.P., at the place designated in the foregoing Certificate of Limited Partnership, I, Gregory S. Band, hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.1117, Florida Statutes.

  
\_\_\_\_\_  
GREGORY S. BAND  
Registered Agent

Date:

June 24, 2009

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