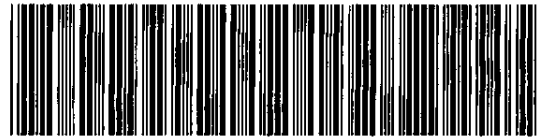


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

MAY 13 2010

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 12 PM 4: 15

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Matchell Limited Partnership
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Kathleen L. Crotty
Contact Person
Crotty & Bartlett, P.A.
Firm/Company
P.O. Box 9547
Address
Daytona Beach, FL 32120-9547
City, State and Zip Code

kym@cbklegal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kym Cady at (386) 274-6395
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status \$1,052.50 Filing Fees and Certified Copy \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

1. Matchell 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. 129 Barrington Drive
(Street address of initial designated office)

Palm Coast, FL 32137

3. Glenda A. Mitchell
(Name of Registered Agent for Service of Process)

4. 131 Barrington Drive
(Florida street address for Registered Agent)

Palm Coast, FL 32137

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.*

Glenda A. Mitchell
Signature of Registered Agent

6. 129 Barrington Drive
(Mailing address of initial designated office)

Palm Coast, FL 32137

7. If limited partnership elects to be a limited liability limited partnership, check box

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Machin Consulting and Investment

129 Barrington Drive

Palm Coast, FL 32137

9. Effective date, if other than the date of filing: _____.

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 29 day of April, 2010.

Signature of each general partner:

Michael G. Machin

Michael G. Machin

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

10 MAY 12 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED