

2/17/21

Division of Corporations

**A2100000070**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jmortensen@colombik.com

2021 FEB 17 PM 2:27

**FLORIDA/FOREIGN LP/LLLP  
Colombik Family Limited Partnership**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$1,000.00

Electronic Filing Menu Corporate Filing Menu

Help (F3)

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

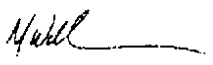
1. Colombik Family Limited Partnership  
 (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or L.L.P.

2. 11229 Boca Woods Lane  
 (Street address of initial designated office)  
Boca Raton, Florida 33428

3. Business Filings Incorporated  
 (Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road  
 (Florida street address for Registered Agent)  
Plantation, Florida 33324

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.*

 Mark Williams, AVP, Business Filings Incorporated  
 Signature of Registered Agent

6. 11229 Boca Woods Lane  
 (Mailing address of initial designated office)  
Boca Raton, Florida 33428

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

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8. Name and business address of each general partner:

<u>Name:</u>	<u>Business Address:</u>
<u>Robert Colombik</u>	<u>11229 Boca Woods Lane</u> <u>Boca Raton, Florida 33428</u>
<u>Rose Colombik</u>	<u>11229 Boca Woods Lane</u> <u>Boca Raton, Florida 33428</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.)*  
 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 16 day of Feb 2021

Signature of each general partner: We submit this document and affirm that the facts stated herein are true. We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Rose Colombik                      Robert Colombik  
 Rose Colombik                      Robert Colombik

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  
 Certified Copy (optional): \$52.50  
 Certificate of Status (optional): \$8.75