

Division of Corporations

**A2100003122563**

Florida Department of State  
Division of Corporations  
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.

(((H21000312256 3)))



H210003122563ABCW

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

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

From: Account Name : THE FARR LAW FIRM  
Account Number : 103654001666  
Phone : (941)639-1158  
Fax Number : (941)639-0028

FILED  
21 AUG 19 AM 8:08  
STATE OF FLORIDA

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

Email Address: dholmes@farr.com

FLORIDA/FOREIGN LP/LLLP  
WTH Partners, LLLP

|                       |            |
|-----------------------|------------|
| Certificate of Status | 0          |
| Certified Copy        | 0          |
| Page Count            | 02         |
| Estimated Charge      | \$1,000.00 |

2021 AUG 19 PM 3:25

*Handwritten signature and date: 8/20/21*

## CERTIFICATE OF LIMITED PARTNERSHIP

### WTH PARTNERS, LLLP

On this 19th day of August 2021, the undersigned, being authorized to form a limited liability limited partnership (the "Partnership") pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, as amended (the "Act"), hereby certify as follows:

1. **Name and Limited Liability Status.** The name of the Partnership is WTH PARTNERS, LLLP. The Limited Partnership elects limited liability limited partnership status.

2. **Registered Agent and Registered Office.** The name and address of the Partnership's registered agent and registered office address as required to be maintained by Florida Statutes Section 620.105 is:

David A. Holmes  
99 Nesbit Street  
Punta Gorda, Florida 33950

3. **Business Address.** The business and mailing address of the Partnership is:

99 Nesbit Street  
Punta Gorda, Florida 33950

4. **General Partner.** The name and address of the General Partners of the Partnership are:

William K. Harrington and  
Tricia L. Harrington  
281 Sorrento Ct.  
Punta Gorda, FL 33983

FILED  
AUG 19 AM 8:08  
21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

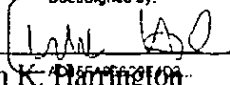
5. **Period of Existence.** The period of existence of the Partnership shall commence upon the filing of this Certificate of Limited Partnership with the Florida Department of State--Corporations Division and shall continue until the latter of dissolution or January 1, 2071, unless extended by the partners.

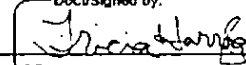
6. **Limited Partnership Agreement.** Any limited partnership agreement of the Partnership (the "Limited Partnership Agreement") must be in writing.

7. **Management.** The Partnership shall be managed by its General Partner in accordance with the procedures prescribed in the Limited Partnership Agreement; provided, however, that without prior written consent or authorization by the majority in interest of the Limited Partners of the Partnership, no General Partner shall be authorized to take any action set forth below:

- a. commit act in contravention or violation of this certificate of limited partnership or the limited partnership agreement;
- b. commit any act which would make it impossible to carry on the ordinary business of the partnership;
- c. confess a judgment against the partnership;
- d. possess any partnership property, or assign the rights of the partners in partnership property, for other than a partnership purpose;
- e. assign partnership property or assets in trust for creditors or on the basis of an assignee's promise or undertaking to pay the debts or obligations of the partnership;
- f. commingle partnership funds with the funds of others; or
- g. admit a person or entity as a general partner of the partnership except as provided in the limited partnership agreement.

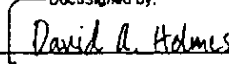
IN WITNESS WHEREOF, the undersigned has executed this Certificate of Limited Partnership as the General Partner of the Partnership.

DocuSigned by:  
  
 \_\_\_\_\_  
 William K. Harrington

DocuSigned by:  
  
 \_\_\_\_\_  
 Tricia L. Harrington

### ACCEPTANCE

*Having been named as registered agent and to accept service of process for the above stated limited liability partnership at the place designated in this certificate, 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

DocuSigned by:  
  
 \_\_\_\_\_  
 David A. Holmes  
 Registered Agent