

A100000000 338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

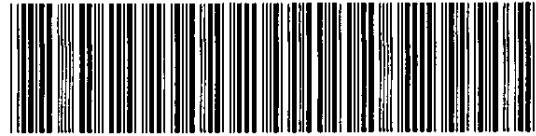
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 16 PM 4:56

B. KOHR

JUN 21 2010

EXAMINER

Advanced Incorporating Service, Inc.

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@advancedincorporating.com
Website: www.advancedincorporating.com

NAME OF ENTITY	

_____	FOR OFFICE USE ONLY

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PICK ONE:

_____ CERTIFIED COPY _____ PHOTOCOPY

FILING:

_____ CORPORATION _____ LLC _____ LIMITED PARTNERSHIP _____ GENERAL PARTNERSHIP
 _____ FICTITIOUS NAME _____ SERVICE MARK/TRADEMARK _____ AMENDMENT
 _____ FOREIGN QUALIFICATION _____ JUDGMENT LIEN
 _____ OTHER _____

RETRIEVAL:

_____ GOOD STANDING CERT/C.U.S. _____ CERTIFIED COPY _____ PHOTOCOPY
 Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____
 Amount of Documents _____

DATE _____ TIME _____

Notes: _____

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

FILED STATE
SECRETARY OF CORPORATIONS
10 JUN 16 PM 4:56

1. SELL 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 LLLP.

2. 11140 SAILBROOKE DRIVE
(Street address of initial designated office)
RIVERVIEW, FL 33579

3. JEFFREY M. LASMAN
(Name of Registered Agent for Service of Process)

4. 6152 DELANCEY STATION ST., #205
(Florida street address for Registered Agent)
RIVERVIEW, FL 33578

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.



Signature of Registered Agent

6. 11140 SAILBROOKE DRIVE
(Mailing address of initial designated office)
RIVERVIEW, FL 33579

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

8. Name and business address of each general partner:

Name:

Business Address:

Sell Family Management, LLC

11140 Sallbrooke Drive

Riverview, FL 33579

L100000646810

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 24th day of May, 2010

Signature of each general partner:

Sell Family Management, LLC

By: *Leo F. Sell, Jr.*
Leo F. Sell, Jr.

By: *Carole M. Sell*
Carole M. Sell

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75