

A14000000138

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.

(((H14000059458 3)))



H140000594583ABC3

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 : BARNETT, BOLT, KIRKWOOD, LONG
Account Number : 072731001155
Phone : (813) 253-2020
Fax Number : (813) 251-6711

FILED
2014 MAR 11 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, 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: _____

FLORIDA/FOREIGN LP/LLP
Blumenthal Family Partnership, Ltd.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

MAR 12 2014
A. LUNT

RECEIVED
14 MAR 11 PH 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000059458

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

1. Blumenthal Family Partnership, Ltd.

*(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.L.P.*

2. 4617 W. Lowell Avenue

(Street address of initial designated office)

Tampa, FL 33629

3. Marc D. Blumenthal

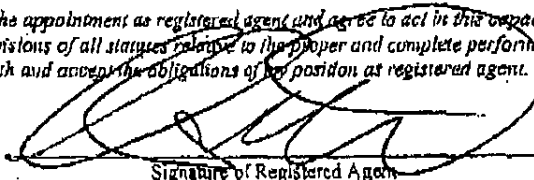
(Name of Registered Agent for Service of Process)

4617 W. Lowell Avenue

(Florida street address for Registered Agent)

Tampa, FL 33629

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. 4617 W. Lowell Avenue

(Mailing address of initial designated office)

Tampa, FL 33629

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 11 PM 2:29

FILED

