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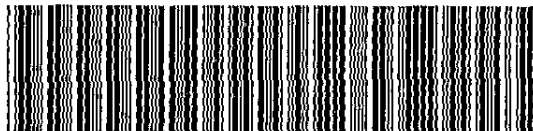
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CONTACT: TRACY SPEAR

DATE: 01/26/06

REF. #: 000672.47258

CORP. NAME: A.D. MACKINNON FAMILY LIMITED PARTNERSHIP, LLLP

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- | | | |
|------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 2537 FOR \$ 1008.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP OF
A.D. MACKINNON FAMILY LIMITED PARTNERSHIP, LLLP**

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership (the "Partnership") under the laws of the State of Florida:

1. **Name of the Partnership.** The name of the Partnership shall be **A.D. MACKINNON FAMILY LIMITED PARTNERSHIP, LLLP.**

2. **Address of Designated Office; Agent for Service of Process.** The records to be kept pursuant to *Florida Statutes* Section 620.1111 shall be located at **2230 North U.S. Highway 301, Tampa, Florida 33619**, and the name of the Partnership's agent for service of process at said address is **A.D. MacKinnon**.

3. **Name and Address of the General Partner.** The name and address of the General Partner of the Partnership are as follows:

<u>Name</u>	<u>Address</u>
A.D. MacKinnon	2230 North U.S. Highway 301 Tampa, Florida 33619

4. **Mailing Address for the Partnership.** The mailing address for the Partnership shall be **2230 North U.S. Highway 301, Tampa, Florida 33619**.

5. **Term.** The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate of Limited Partnership with the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Liability Limited Partnership Agreement for **A.D. MACKINNON FAMILY LIMITED PARTNERSHIP, LLLP**.

6. **Limited Liability Limited Partnership.** The Partnership elects to be a limited liability limited partnership.

DATED this 13 day of January, 2006.

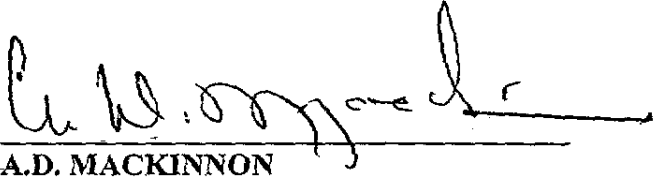
GENERAL PARTNER:


A.D. MACKINNON

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Date: January 13, 2006


A.D. MACKINNON