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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

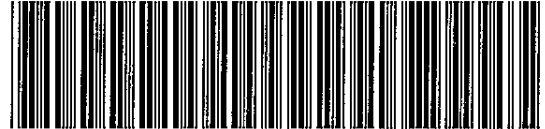
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LAW OFFICES OF MARK F. DAHLE, P. A.**

5150 SOUTH FLORIDA AVENUE  
BUILDING A, SUITE 105 (33813)  
POST OFFICE BOX 6629  
LAKE LAND, FLORIDA 33807-6629

MARK F. DAHLE

ALSO ADMITTED TO PRACTICE IN  
SOUTH CAROLINA AND BEFORE THE  
UNITED STATES TAX COURT

MEMBER OF:  
NATIONAL NETWORK OF ESTATE PLANNING ATTORNEYS  
NATIONAL ACADEMY OF ELDER LAW ATTORNEYS  
ACADEMY OF FLORIDA ELDER LAW ATTORNEYS  
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WEBSITE: MDAHLELAW.COM

December 1, 2005

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

By UPS OVERNIGHT

SUBJECT: The DBTB Family Limited Partnership

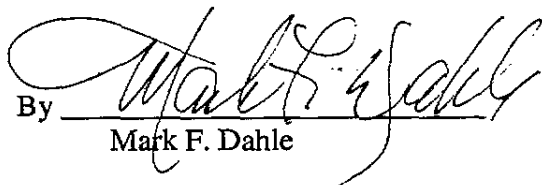
Dear Sir or Madam:

Enclosed please find duplicate original Certificates of Limited Partnership and Affidavits of General Partner of the DBTB Family Limited Partnership prepared for filing. Also enclosed you will please find my operating account check number 6358 in the amount of One Thousand Seven Hundred Eighty-five and no/100ths Dollars (\$1,785.00), representing payment of the fee in anticipation of the maximum contributions in the amount of One Thousand Seven Hundred Fifty and no/100ths Dollars (\$1,750.00) and the registered agent fee of Thirty-five and no/100ths Dollars (\$35.00).

Please return the Certificate to this office upon completion of the filing. Thank you for your assistance in this matter.

Very truly yours,

Law Offices of Mark F. Dahle, P. A.

By   
Mark F. Dahle

C3870.14  
Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DBTB Family Limited Partnership  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Mark F. Dahle, Esq.

(Contact Person)

Law Offices of Mark F. Dahle, P.A.

(Firm/Company)

Post Office Box 6629

(Address)

Lakeland, Florida 33807-6629

(City, State and Zip Code)

For further information concerning this matter, please call:

Mark F. Dahle

(Name of Contact Person)

at (

863

) 648-0100

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☒ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CR2E030 (01/06)

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

1. DBTB Family Limited Partnership

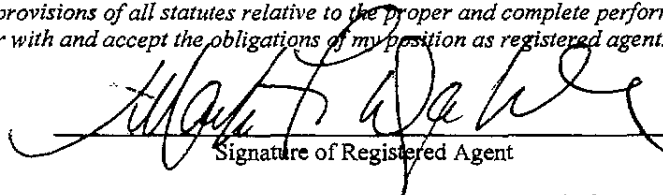
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*  
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.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

2. 5150 South Florida Avenue Suite A-105  
(Street address of initial designated office)

3. Mark F. Dahle, Attorney  
(Name of Registered Agent for Service of Process)

4. 5150 South Florida Avenue A-105  
(Florida street address for Registered Agent)  
Lakeland, Florida 33813

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. Post Office Box 6629  
(Mailing address of initial designated office)

Lakeland, Florida 33807-6629

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

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TALLAHASSEE, FLORIDA

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## 8. Name and business address of each general partner:

Name:Business Address:A723GROUP, INC.51 West Center Street # 129FO6000001153Orem, Utah 84057

## 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 16<sup>th</sup> day of February, 2006.

Signature of each general partner:

A723 Group, Inc, by M. Duane Bitaraf, Assistant Preside

## Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

Page 2 of 2

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