

A0600000356

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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2006 MAR -9 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION  
TALLAHASSEE, FLORIDA

**CORPORATE  
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"When you need ACCESS to the world"

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Sembler Family Partnership #45, Ltd.  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

Cost 52.50  
LP 1,000

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

1. Sembler Family Partnership #45, 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 LLLP.*

2. 5858 Central Avenue

(Street address of initial designated office)

St. Petersburg, FL 33707-1728

3. Craig Sher

(Name of Registered Agent for Service of Process)

4. 5858 Central Avenue

(Florida street address for Registered Agent)

St. Petersburg, FL 33707-1728

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. 5858 Central Avenue

(Mailing address of initial designated office)

St. Petersburg, FL 33707-1728

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

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SECRETARY OF STATE

8. Name and business address of each general partner:

Name:

Business Address:

Sembler Retail II, Inc.

5858 Central Avenue

PO506W31019

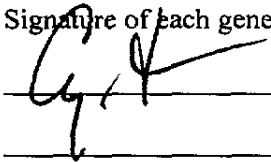
St. Petersburg, FL 33707-1728

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 8th day of March, 2006.

Signature of each general partner:



**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**