Florida Department of State
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To:
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Account Name : EMPIRE CORPORATE KIT COMPANY
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FLORIDA/FOREIGN LP/LLP

a & c stanfill family limited partnership

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(3)

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

1. A & C STANFILL FAMILY LIMITED PARTERSHIP

(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.

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2. 2801 Inverloch Circle
(Street address of initial designated office)
Duluth, GA 30096

3. PHYSICIANS LAW CENTER, LLC
(Name of Registered Agent for Service of Process)

4. 3452 W. BOYNTON BEACH BLVD., SUITE 5
(Florida street address for Registered Agent)
BOYNTON BEACH, FLORIDA 33436

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.*

Michael R. Mackey, Esq.
Signature of Registered Agent For Physicians Law Center, LLC

6. 2801 Inverloch Circle
(Mailing address of initial designated office)
Duluth, GA 30096

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

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8. Name and business address of each general partner:

Name:	Business Address:
ASHLEA ANN STANFILL	2801 Inverloch Circle Duluth, GA 30096

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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 26 day of MARCH 2006.

Signature of each general partner:

Filing Fees: **$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional): **$52.50**
Certificate of Status (optional): **$8.75**

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