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5/2/06

FILED
06 MAY -4 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTED MAY 15 2006

Law Offices of Jeffrey B. Kahn, P.A.

www.kahntaxattorney.com

Jeffrey B. Kahn, LL.M.(Tax)
Board Certified Tax Law

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Reply To: Coral Springs

Coral Springs Office:

3300 University Drive, Suite 711
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Boynton Beach Office:

2500 Quantum Lakes Drive, Suite 203
Boynton Beach, Florida 33426
Telephone: 561-853-2103 Facsimile: 561-853-2199

May 2, 2006

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Siebold Family Holdings, LLLP

Dear Sir/Madam:

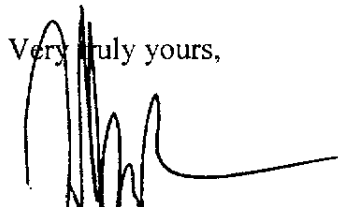
I am enclosing the Certificate of Limited Partnership for the above referenced limited liability limited partnership to be filed with the Department of State.

Also enclosed is a check made payable to the Secretary of State in the amount of \$1,052.50 covering the filing fees for the Certificate above and the cost of a certified copy of the same.

Please return the certified copy and proof of filing to me at the address indicated above.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Jeffrey B. Kahn', with a long horizontal flourish extending to the right.

Jeffrey B. Kahn

Encl.

EFFECTIVE DATE
5/2/06

FILED

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

06 MAY -4 AM 10: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited liability limited partnership under the Florida Revised Uniform Limited Partnership Act hereby states the following:

1. The name of the Limited Liability Limited Partnership is:

SIEBOLD FAMILY HOLDINGS, LLLP
2. The initial designated office of the Limited Liability Limited Partnership is located at:

3700 N.W. 124 Avenue, Suite 122
Coral Springs, Florida 33065
3. The name and address of the Registered Agent for Service of Process is:

Jeffrey B. Kahn, Esq.
3300 University Drive, Suite 711
Coral Springs, FL 33065
4. The mailing address for the Limited Liability Limited Partnership is:

P.O. Box 8784
Coral Springs, FL 33075
5. This limited partnership elects to be a Limited Liability Limited Partnership.
6. The name and business address of each General Partner are:


William Siebold
3700 N.W. 124 Avenue, Suite 122
Coral Springs, Florida 33065

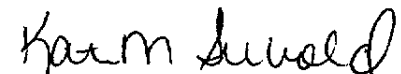
Kathleen Siebold
3700 N.W. 124 Avenue, Suite 122
Coral Springs, Florida 33065
7. The Effective Date of this Certificate is the 2nd day of May, 2006.

[signatures on following page]

IN WITNESS WHEREOF, the undersigned has executed this Certificate as of this 2nd
day of May, 2006.

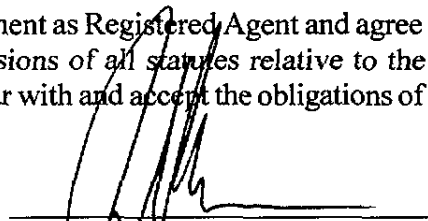
GENERAL PARTNERS


William Siebold


Kathleen Siebold

ACCEPTANCE AS RESIDENT AGENT

I HEREBY ACCEPT the foregoing 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.


Jeffrey B. Kahn, Esq.

FILED
06 MAY -4 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA