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(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
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## CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP OF AMSMITH PARTNERS LLLP

AMSMITH PARTNERS LLLP

(name of Limited Liability Limited Partnership must contain a suffix such as "Limited Liability Limited Partnership", "L.L.L.P." or "LLLP")

2. 2799 NW Boca Raton Blvd., Suite 203, Boca Raton, FL 33431

(The business address of the Limited Partnership)

3. Steven A. Sciarretta, Esquire

(Name of Registered Agent for Service of Process)

4. 2799 NW Boca Raton Blvd., Suite 203, Boca Raton, FL 33431

(Florida street address of Registered Agent)

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?

(Registered Agent must eighthere to accept designation as Registered Agent)

6. Set forth on Line #2

(The mailing address of the Limited Partnership)

- 7. This Limited Partnership elects to be a Limited Liability Limited Partnership.
- 8. NAME OF GENERAL PARTNER

SPECIFIC ADDRESS

**AMSMITH MANAGEMENT LLC** 

2799 NW Boca Raton Blvd. Suite 203

Boca Raton, FL 33431

9. The effective date of this limited liability limited partnership shall be the date of filing.

Signed this 26<sup>h</sup> day of June, 2006 Signature of General Partner:

Steven A Sciarretta

On behalf of AMSMITH Management, LLC