

AL6000000972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

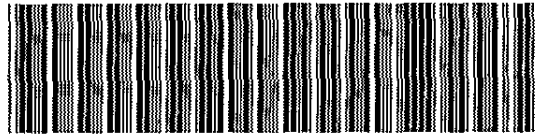
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DIVISION OF CORPORATIONS

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 289924 85036A

AUTHORIZATION :

COST LIMIT : \$ 1052.50

ORDER DATE : August 4, 2006

ORDER TIME : 10:50 AM

ORDER NO. : 289924-005

CUSTOMER NO: 85036A

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: GKK-ANTHONY GROVERS, LTD.

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper - EXT. 2948

EXAMINER'S INITIALS: _____

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. GKK-ANTHONY GROVES, 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. 2901 Rigsby Lane, Safety Harbor, Florida 34695
(Street address of initial designated office)

3. Robert A. Forlizzo, Esquire
(Name of Registered Agent for Service of Process)

4. Forlizzo Law Group, P.A., 2903 Rigsby Lane, Safety Harbor, Florida 34695
(Florida street address for Registered Agent)

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.*

By: 

Signature of Registered Agent

6. 2901 Rigsby Lane, Safety Harbor, Florida 34695
(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

Name:

Business Address:

PDG V, INC., a Florida corporation

2901 Rigsby Lane, Safety Harbor, Florida 34695

PO6000014626

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 _____ day of August, 2006

Signature of each general partner:

PDG V, INC., a Florida corporation

By: Spiro A. Comitos

Spiro A. Comitos, Vice President

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75