

A060000001327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

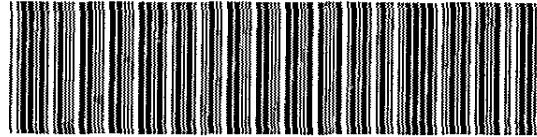
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800081000698

11/14/06--01030--025 **1052.50

2006 NOV 14 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

A06-B27
GR

2803 W. Busch Blvd., Suite 112
Tampa, Florida 33618-4517

Sharon Scarinci
Office Manager

Harold L. Harkins, Jr.

Attorney at Law & Personal Trustee
813 / 933-7144 ♦ Fax 813 / 933-6393

Adria Beenhakker Dickey
Attorney at Law

P.O. Box 274121
Tampa, Florida 33688-4121

Bill Rogers
George E. Fahrenkopf
Administrative Assistants

November 9, 2006

Limited Partnership Office
Division of Corporations
Florida Department of State
PO Box 6327
Tallahassee, FL 32314

RE: Campoli Family Limited Partnership

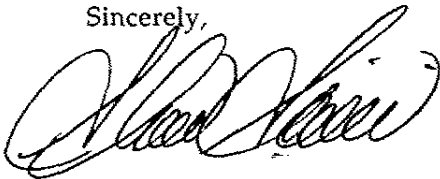
Dear Sir or Madam:

I am enclosing the original and one copy of a Certificate of Limited Partnership for the above captioned proposed Florida limited partnership to be effective upon filing. Also enclosed is a check for the following fees:

Filing fee	\$ 965.00
Certified copy of certificate of limited partnership	52.50
Registered agent fee	<u>35.00</u>
Total	\$ 1,052.50

Please file this Certificate of Limited Partnership and forward a certified copy to me. Thank you.

Sincerely,



cc: CFLPGP, Inc

FILED
2006 NOV 14 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of
Limited Partnership Of

Campoli Family Limited Partnership

I, the undersigned, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act, do hereby certify the following:

Name

1. The name of the limited partnership is:

Campoli Family Limited Partnership

Office
Address

2. The limited partnership's office and mailing address is:

2218 Porto Fino Place #2410
Palm Harbor, FL 34683

Registered
Agent
& Address

3. The name and address of the registered agent for service of process is:

Tonina Campoli
2218 Porto Fino Place #2410
Palm Harbor, FL 34683

General Partner

The name and business address of the General Partner is:

CFLPGP, Inc.
2218 Porto Fino Place #2410
Palm Harbor, FL 34683

POL-139889

IN WITNESS WHEREOF, the undersigned executed this Certificate of Limited Partnership this November 9, 2006.



CFLPGP, Inc. General Partner
Tonina Campoli, President

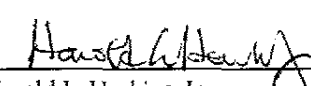
STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

2006 NOV 14 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

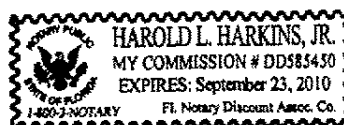
FILED

Acknowledgement

The foregoing Certificate of Limited Partnership was acknowledged before me this November 9, 2006, by Tonina Campoli, President of CFLPGP, Inc. who is personally known to me.



Harold L. Harkins, Jr.
Notary Public - State of Florida



Registered Agent

Acceptance

I hereby accept 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 position as registered agent.



Tonina Campoli, Registered Agent

FILED

2006 NOV 14 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA