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Florida Department of State  
Division of Corporations  
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## FLORIDA/FOREIGN LP/LLP

ROBERT J. FLINT FAMILY LIMITED PARTNERSHIP I, LLLP

|                       |            |
|-----------------------|------------|
| Certificate of Status | 0          |
| Certified Copy        | 0          |
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W06-54663

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December 21, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

THE FARR LAW FIRM

SUBJECT: ROBERT J. FLINT FAMILY LIMITED PARTNERSHIP I, LLLP  
REF: W06000054663

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Any partner or agent of a partnership that is a legal or other commercial entity, and not an individual, must be organized or otherwise registered and maintain an active status with the Florida Department of State. It cannot be dissolved, revoked, canceled or withdrawn.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod  
Document Specialist

FAX Aud. #: H06000298952  
Letter Number: 206A00072121

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06 DEC 21 AM 9:41

## CERTIFICATE OF LIMITED PARTNERSHIP

### ROBERT J. FLINT FAMILY LIMITED PARTNERSHIP I, LLLP

On this 20<sup>th</sup> day of December, 2006, the undersigned, being authorized to form a limited liability limited partnership (the "Partnership") pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, as amended (the "Act"), hereby certify as follows:

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DIVISION OF CORPORATIONS  
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1. **Name and Limited Liability Status.** The name of the Partnership is ROBERT J. FLINT FAMILY LIMITED PARTNERSHIP I, LLLP. The Limited Partnership elects limited liability limited partnership status.

2. **Registered Agent and Registered Office.** The name and address of the Partnership's registered agent and registered office address in required to be maintained by FLA. STAT. § 620.105 is DAVID A. HOLMES, 99 Nesbit Street, Punta Gorda, Florida 33950.

3. **Business Address.** The business and mailing address of the Partnership is 2634 Northwest Flint Road, Arcadia, Florida 34266.

4. **General Partner.** The name and address of the General Partner of the Partnership is:

FLINT FAMILY MANAGEMENT I, LLC  
2634 Northwest Flint Road  
Arcadia, Florida 34266

#L06000121124

5. **Period of Existence.** The period of existence of the Partnership shall commence upon the filing of this Certificate of Limited Partnership with the Florida Department of State--Corporations Division and shall continue until dissolution on January 1, 2106.

6. **Limited Partnership Agreement.** Any limited partnership agreement of the Partnership (the "Limited Partnership Agreement") must be in writing.

7. **Management.** The Partnership shall be managed by its General Partner in accordance with the procedures prescribed in the Limited Partnership Agreement; provided, however, that without prior written consent or authorization by the majority in interest of the Limited Partners of the Partnership, no General Partner shall be authorized to take any action set forth below:

a. commit act in contravention or violation of this certificate of limited partnership or the limited partnership agreement;

b. commit any act which would make it impossible to carry on the ordinary business of the partnership;

c. confess a judgment against the partnership other than in connection with third party loans to the partnership;

d. possess any partnership property, or assign the rights of the partners in the specific partnership property, for other than a partnership purpose;

e. assign the partnership property or assets in trust for creditors or on the basis of an assignee's promise or undertaking to pay the debts or obligations of the partnership;

f. commingle partnership funds with the funds of others, or

g. admit a person or entity as a general partner of the partnership except as provided in the limited partnership agreement.

GENERAL PARTNER:

FLINT FAMILY MANAGEMENT I, LLC

  
Robert J. Flint, Manager

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### ACCEPTANCE

*Having been named as registered agent and to accept service of process for the above stated limited liability partnership at the place designated in this certificate, 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
DAVID A. HOLMES  
Registered Agent