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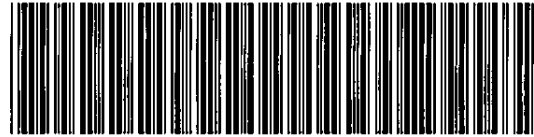
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Requester's Name  
**STUART E. GOLDBERG**  
**ATTORNEY AT LAW**  
P. O. BOX 12458  
TALLAHASSEE, FL 32317-2458  
City/State/Zip Phone # 222-4000

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Sara Spencer Family Partnership, LLP  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☒ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

**Certificate of Limited Partnership of**

**SARA SPENCER  
FAMILY PARTNERSHIP, LLLP**

**a Florida Limited Liability Limited Partnership**

\*\*\*\*\*

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07 FEB 13 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned General Partner, desiring to form a limited liability limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act of 2005 as set forth in Chapter 620, Part I, of the Florida Statutes, hereby states the following:

1. The name of the Partnership is:

SARA SPENCER FAMILY PARTNERSHIP, LLLP (herein, the "Partnership").

2. The mailing address and principal place of business of the Partnership is:

640 East Call Street  
Tallahassee, Florida 32301

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

Phillip Anthony Spencer  
100 Cadiz Street, Unit 102  
Tallahassee, Florida 32301

4. The name and business address of the General Partner is as follows:

Spencer Family Enterprises, LLC  
640 East Call Street  
Tallahassee, Florida 32301

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5. The Partnership is a limited liability limited partnership.  
6. The Partnership has a perpetual duration.  
7. The effective date of this Certificate of Limited Partnership shall be upon filing.

The execution of this Certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partner of SARA SPENCER FAMILY PARTNERSHIP, LLLP on this 12 day of February, 2007.

SPENCER FAMILY ENTERPRISES, L.L.C.,  
a Florida limited liability company

By: Phillip Anthony Spencer  
Phillip Anthony Spencer, Operating  
Manager and Member

By: William Edward Spencer  
William Edward Spencer, Member

By: Sara B. Spencer  
Sara B. Spencer, Member

**GENERAL PARTNER**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTIONS 620.105 AND 620.192, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY LIMITED PARTNERSHIP, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited partnership is:

**SARA SPENCER FAMILY PARTNERSHIP, LLLP.**

2. The name and address of the registered agent and the address of the registered office are:

Phillip Anthony Spencer  
100 Cadiz Street, Unit 102  
Tallahassee, Florida 32301

SPENCER FAMILY ENTERPRISES, L.L.C., a  
Florida limited liability company

By: Phillip Anthony Spencer  
Phillip Anthony Spencer, Operating  
Manager and Member

By: William Edward Spencer  
William Edward Spencer, Member

By: Sara B. Spencer  
Sara B. Spencer, Member

**ACCEPTANCE BY REGISTERED AGENT**

*Having been named as registered agent and to accept service of process for the above-stated limited liability limited 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Dated this 12 day of February, 2007.

Phillip Anthony Spencer  
Phillip Anthony Spencer  
Registered Agent