

AU70000000505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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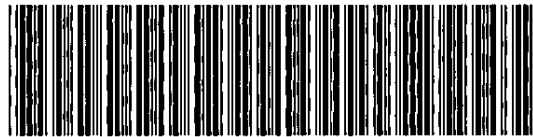
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/27/07--01024--008 **1061.25

RECEIVED

07 MAR 27 AM 10:00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

07 MAR 27 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sonotek Research

Requester's Name

Address

City/State/Zip

Phone #

656-5454

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Barron Jefferson Russell Family
(Corporation Name) (Document #)
2. Limited Partnership
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)



NEW FILINGS

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

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

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

REGISTRATION/QUALIFICATION

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

Examiner's Initials

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. BARRON JEFFERSON RUSSELL FAMILY LIMITED PARTNERSHIP

(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. 1136 BECK AVENUE

(Street address of initial designated office)

PANAMA CITY, FLORIDA 32401

3. LOUIS NOSTRO

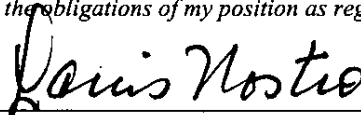
(Name of Registered Agent for Service of Process)

4. SHUTTS & BOWEN LLP, 201 S. BISCAYNE BLVD., STE. 1600

(Florida street address for Registered Agent)

MIAMI, FLORIDA 33131

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.*



Signature of Registered Agent

6. 1136 BECK AVENUE

(Mailing address of initial designated office)

PANAMA CITY, FLORIDA 32401

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:

BARRON JEFFERSON RUSSELL FAMILY MANAGEMENT COMPANY, LLC

1136 BECK AVENUE

PANAMA CITY, FLORIDA 32401

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 26th day of MARCH, 2007.

Signature of each general partner:

DJRM, Manager

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75