

Division of Corporations

Page 1 of 1

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number: (850) 205-0363

From:
Account Name: HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number: 075410002172
Phone: (239) 344-1100
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLP

MASTMI LIMITED PARTNERSHIP

Certificate of Status	0
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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT NO.: H07000112663 3

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

1. MASTMI 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 L.L.P.

2. 923 SOUTH TOWN AND RIVER DRIVE

(Street address of initial designated office)

FORT MYERS, FLORIDA 33919

3. GUY E. WHITESMAN

(Name of Registered Agent for Service of Process)

4. 1715 MONROE STREET

(Florida street address for Registered Agent)

FORT MYERS, FLORIDA 33901

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. 923 SOUTH TOWN AND RIVER DRIVE

(Mailing address of initial designated office)

FORT MYERS, FLORIDA 33919

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

Page 1 of 2

FAX AUDIT NO.: H07000112663 3

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TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

MASTMI GP, LLC

923 S. Town and River Dr.

Fort Myers, FL 33919

7-LO7-43875

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TALLAHASSEE, FLORIDA

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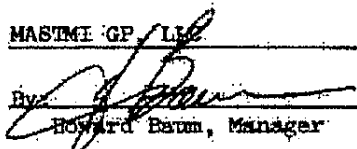
9. Effective date, if other than the date of filing: _____

(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: 25TH day of APRIL 2007

Signature of each general partner:

MASTMI GP, LLC

By: 
Howard Baum, 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

Page 2 of 2

FAX AUDIT NO.: H07000112663 3