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

The Giacobbe Family Limited Partnership, Ltd.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

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Corporate Filing Menu

Help

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\*\*Board Certified Real Estate Lawyer  
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Estates Lawyer

June 1, 2007

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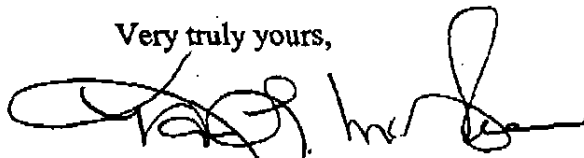
Florida Department of State  
Division of Corporations  
The Capitol  
P.O. Box 6327  
Tallahassee, Florida 32399-0250

Re: **Certificate of Limited Partnership For The Giacobbe Family Limited  
Partnership, Ltd.**

Ladies and Gentlemen:

With reference to the above company, enclosed please find Certificate of Limited  
Partnership for filing. Kindly fax to the undersigned proof of filing same. Thank you.

Very truly yours,



Karen L. McGhee, CP  
Certified Paralegal  
/klm  
Enclosure

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

1. The Giacobbe Family Limited Partnership, Ltd.

(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. 500 NW Fetterbush Way, Jensen Beach, FL 34957

(Street address of initial designated office)

3. Kenneth A. Norman

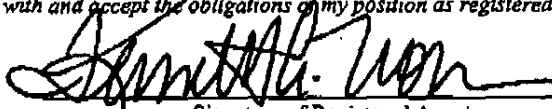
(Name of Registered Agent for Service of Process)

4. 2400 SE Federal Highway, Fourth Floor

(Florida street address for Registered Agent)

Stuart, FL 34994

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. 500 NW Fetterbush Way

(Mailing address of initial designated office)

Jensen Beach, FL 34957

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

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8. Name and business address of each general partner:

Name:

Business Address:

Giacobbe Management, Inc

500 NW Fetterbush Way

Jensen Beach, FL 34957

PDS-50749

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 3/5 day of May 2007

Signature of each general partner:  
GIACOBBE MANAGEMENT, INC.

BY: [Signature]  
FRANK GIACOBBE, PRESIDENT

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**

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