A07000008826

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000166845 3)))

H07000166845 3ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE
Account Number : 072731001155
Phone : (813)253-2020
Fax Number : (813)251-6711

RECEIVED
07 JUN 26 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2007 JUN -
A 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA/FOREIGN LP/LLP

GAD Family Partnership, LP

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,008.75

Electronic Filing Menu Corporate Filing Menu Help

H07000166845 3

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

1. GAD Family Partnership, LP

(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. 140 Fountain Parkway, Suite 410
(Street address of initial designated office)
St. Petersburg, FL 33716

3. Geoffrey A. Dyer
(Name of Registered Agent for Service of Process)

4. 140 Fountain Parkway, Suite 410
(Florida street address for Registered Agent)
St. Petersburg, FL 33716

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 an accept the obligations of my position as registered agent.*

x _____
Signature of Registered Agent

6. 140 Fountain Parkway, Suite 410
(Mailing address of initial designated office)
St. Petersburg, FL 33716

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

FILED
2007 JUN -27 A 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#334982

H07000166845 3

H07000166845 3

8. Name and business address of each general partner:

Name:	Business Address:
G. Dyer, Inc.	140 Fountain Parkway, Ste. 410 St. Petersburg, FL 33716

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 June 2007.

Signature of each general partner:

G. DYER, INC.

By: _____

Geoffrey G. Dyer, President

Filing Fees: **$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional): **$52.50**
Certificate of Status (optional): **$8.75**

#334962

H07000166845 3