Division of Corpor

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.

(((H07000167740 3)))



H070001677403ABC%

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

: (850)205-0383 Fax Number

From:

Account Name : COX & NICI Account Number: I20000000223

Phone (239) 254-0706 Fax Number (239) 254-0709

FLORIDA/FOREIGN LP/LLP

## Stephenson Family Limited Partnership

Certificate of Status	nameno menimpantanta a escapa y emper 1
Certified Copy	1
Page Count	03
Estimated Charge	\$1,061.25

Electronic Filing Menu

Corporate Filing Menu

Help

## CERTIFICATE OF LIMITED PARTNERSHIP FOR STEPHENSON FAMILY LIMITED PARTNERSHIP

The undersigned, being desirous of forming a limited partnership under the laws of the State of Florida, does hereby certify as follows:

- 1. The name of the limited partnership is STEPHENSON FAMILY LIMITED PARTNERSHIP (the "Partnership").
- 2. The mailing address for the principal office of the Partnership in the State of Florida is located at 4021 Gulf Shore Blvd. N., Suite 1103, Naples, Florida, 34103, or at such other location in the State of Florida as the General Partner may determine from time to time.
- 3. The name and the business address of the General Partner of the Partnership is Stephenson Enterprises, LLC, a Florida Limited Liability Company (the "General Partner"), 4021 Gulf Shore Blvd. N., Suite 1103, Naples, Florida 34103.

IN WITNESS WHEREOF, the undersigned has duly executed this certificate of Limited Partnership as of the 12 day of 5000, 2007.

STEPHENSON FAMILY LIMITED PARTNERSHIP

By: Gabert Mc Crany Step henson
Robert McCreary Stephenson, Manager of

Stephenson Enterprises, LLC, General Partner

07 JUN 27 AM 9: 34

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

- The name of the limited partnership is STEPHENSON FAMILY LIMITED PARTNERSHIP 1.
- 2. The name and address of the registered agent and office is:

James R. Nici, Esq. c/o Cox & Nici 1185 Immokalee Road, Suite 110 Naples, Florida 34110

Having been named as registered agent and to accept service of process for the above-stated limited liability company 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, as provided for in the Florida Statutes.

> Dated: June 20 . 2007

> > Jarbes/R. Nici, Esq.

Initial Registered Agent