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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA/FOREIGN LP/LLP

m & n shook family limited partnership

Certificate of Status	0
Certified Copy	0
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H07000218200

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

1. M & N Shook 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 L.L.P.*

2. 8016 Mizner Lane

(Street address of initial designated office)

Boca Raton, Florida 33433

3. Michael Shook, M.D.

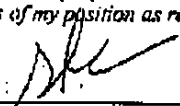
(Name of Registered Agent for Service of Process)

4. 8016 Mizner Lane

(Florida street address for Registered Agent)

Boca Raton, Florida 33433

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. 8016 Mizner Lane

(Mailing address of initial designated office)

Boca Raton, Florida 33433

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:

Michael Shook, M.D.

8016 Mizner Lane

Boca Raton, Florida 33433

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 28th day of August, 2007

Signature of each general partner:

Michael Shook
MICHAEL SHOOK

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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