

A070000001380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600112879886

FILED
07 DEC 17 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/17/07--01025--017 **1000.00

12/17/07--01025--018 **8.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 DEC 17 AM 11:46
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

BK

12/17

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED
07 DEC 17 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Schroeders Holdings, LLC

☐ Art of Inc. File _____
☒ LTD Partnership File _____
☐ Foreign Corp. File _____
☐ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☐ Cert. Copy _____
☐ Photo Copy _____
☒ Certificate of Good Standing *11* _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____

Signature _____

Requested by: *WC*

Name

Date *12/17*

Time *11:00*

Walk-In

Will Pick Up

**CERTIFICATE OF LIMITED PARTNERSHIP OF
SCHROEDERS HOLDINGS, LLLP
a Florida Limited Liability Limited Partnership**

FILED
07 DEC 17 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned general partners, desiring to form a limited liability limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act of 2005 as set forth in Chapter 620 of the Florida Statutes, hereby state the following:

1. The name of the limited liability limited partnership (the "LLLP") is SCHROEDERS HOLDINGS, LLLP.

2. This limited partnership is a limited liability limited partnership.

3. The address of the office of the LLLP is 141 Pond Cypress Road, Venice, Florida 34292.

4. The name and address of the initial registered agent for service of process on the LLLP are as follows:

David Schroeders	141 Pond Cypress Road Venice, Florida 34292
------------------	--

5. The names and business addresses of the general partners of the LLLP are as follows:

David Schroeders	141 Pond Cypress Road Venice, Florida 34292
------------------	--

Shawn Schroeders	141 Pond Cypress Road Venice, Florida 34292
------------------	--

6. The mailing address of the LLLP is 141 Pond Cypress Road, Venice, Florida 34292.

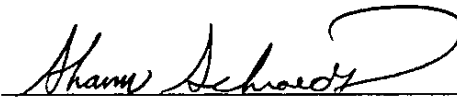
7. The effective date of this Certificate of Limited Partnership shall be December 17, 2007.

8. The transfer of interests in the LLLP is restricted under the terms of the Agreement of Limited Partnership of SCHROEDERS HOLDINGS, LLLP, dated effective December 14, 2007, a copy of which is on file at the LLLP's office.

The execution of this Certificate by the undersigned general partners constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

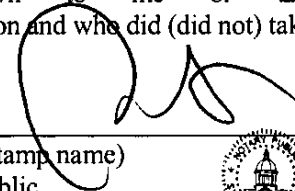
IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the general partners on 12/14, 2007.



DAVID SCHROEDERS


SHAWN SCHROEDERS

STATE OF FLORIDA
COUNTY OF SARASOTA

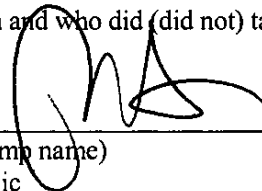
The foregoing instrument was acknowledged before me on 12/14, 2007, by DAVID SCHROEDERS, who ☒ is personally known to me or ☐ has produced _____ as identification and who did (did not) take an oath.


(Print or stamp name)
Notary Public
Serial Number (if any) _____
Commission Expiration Date _____

 RICHARD R. GANS
MY COMMISSION # DD 649555 EXPIRES
July 12, 2011
BONDED THRU TROY FAIN INSURANCE, INC.

STATE OF FLORIDA
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me on 12/14, 2007, by SHAWN SCHROEDERS, who ☒ is personally known to me or ☐ has produced _____ as identification and who did (did not) take an oath.


(Print or stamp name)
Notary Public
Serial Number (if any) _____
Commission Expiration Date _____

 RICHARD R. GANS
MY COMMISSION # DD 649555 EXPIRES
July 12, 2011
BONDED THRU TROY FAIN INSURANCE, INC.

372247

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as the registered agent for the SCHROEDERS HOLDINGS, LLLP (the "Partnership") in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.


DAVID SCHROEDERS

387567