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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.  
Account Number : 073222003555  
Phone : (561) 686-3307  
Fax Number : (561) 686-5442

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 FEB 28 AM 8:47

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TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LP/LLLP**

**Max's Spine Investment, LLLP**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$1,052.50

**T. CLINE**

Help FEB 29 2008

**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

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

1. Max's Spine Investment, LLLP

(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. 2565 N.W. 59th Street

(Street address of initial designated office)

Boca Raton, FL 33496

3. Lawrence T. Markson

(Name of Registered Agent for Service of Process)

4. 2565 N.W. 59th Street

(Florida street address for Registered Agent)

Boca Raton, FL 33496

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. 2565 N.W. 59th Street

(Mailing address of initial designated office)

Boca Raton, FL 33496

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:

Lawrence T. Markson

2565 N.W. 59th Street

Boca Raton, FL 33496

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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 27<sup>th</sup> day of February, 2008

Signature of each general partner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lawrence T. Markson

\_\_\_\_\_  
\_\_\_\_\_

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**