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EXAMINER



April 1, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: VEDERMAN FAMILY LIMITED PARTNERSHIP

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Tammi Cline Regulatory Specialist II FAX Aud. #: H08000081007 Letter Number: 908A00019070

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

(Name of Acceptable Lis Acceptable Lis or LLLP.				
2, c/o R. P. M	fanagement, 1 E. Wynnewood Road, Wynnewood, PA 19096	_		
	(Street address of initial designated office)			
3	Herbert Vederman	_ 	21	
123	(Name of Registered Agent for Service of Process)	13SE	8	
4	3120 South Ocean Boulevard, Apr. 3101, Palm Beach, FL 33480	28	2008 MAR	77
	(Florida street address for Registered Agent)	TARY	R 31	***************************************
comply with th	ccept the appaintment as registered agent and agree to act in this capacity. I further agree the provisions of all statutes relative to the proper and complete performance of my duites, liar with an accept the obligations of my position as registered agent. 1 letter Voderman By: Halffeld Coderman	OF STATE E.FLORIDA	PM 4: 32	Con
	Signature of Registered Agent			
6. c/o R. P. M	Innagement, P. O. Box 678, Wynnewood, PA 19096			
·	(Mailing address of initial designated office)	_		

Page 1 of 2

Name:	Business Address:
Herbert Vederman	c/o R. F. Management, P. O. Box 678,
	1 E. Wynnewood Road, Wynnewood, PA 19096
	15"11 0
•	₽°
	C
. S. A. C.	ASS
9. Effective date, if other than the date of filing;	
Æffective date cannot be prior to nor more Ned by the Florida Department of State.)	e than 90 days after the date the document is
Signed this	MARCH 200H
Signature of each general partner:	
Herbert Vederman	
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