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DIVISION OF CORPORATIONS  
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T. HAMPTON

APR 28 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RFS Family Holdings, LLLP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Thomas O. Wells, Esq.

(Contact Person)

Thomas O. Wells, P.A.

(Firm/Company)

540 Biltmore Way

(Address)

Coral Gables, FL 33134

(City, State and Zip Code)

For further information concerning this matter, please call:

Thomas O. Wells, Esq. at ( 305 ) 444-0016

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☒ \$1,052.50 Filing Fees and Certified Copy ☐ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CR2E030 (01/06)

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
RFS FAMILY HOLDINGS, LLLP**

This Certificate of Limited Partnership has been prepared and executed in accordance with Section 620.1201 of the Florida Revised Uniform Limited Partnership Act (2005), et. seq. (hereinafter "RULPA"), and as RULPA may be amended from time to time.

1. **Name of Limited Partnership:** The name of the Limited Partnership shall be RFS Family Holdings, LLLP (the "Limited Partnership").
2. **Recordkeeping Office:** The address of the office at which the records of the Limited Partnership shall be kept is:

139 Graham Street S.E.  
Port Charlotte, Florida 33952

3. **Authorized Agent for Service of Process:** The name and address of the agent authorized to accept service of process on behalf of the Limited Partnership is:

Thomas O. Wells, P.A.  
540 Biltmore Way  
Coral Gables, Florida 33134

4. **Name and Business Address for Sole General Partner:** The name and business address of the sole General Partner of the Limited Partnership is:

RFS General Partner, LLC  
139 Graham Street S.E.  
Port Charlotte, Florida 33952

5. **Mailing Address:** The mailing address of the Limited Partnership is:


139 Graham Street S.E.  
Port Charlotte, Florida 33952

6. **Status as a Limited Liability Limited Partnership:** The Limited Partnership shall be a limited liability limited partnership under Florida law.

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IN WITNESS WHEREOF, the undersigned has executed this Certificate of Limited Partnership as an authorized representative of the General Partner of the Limited Partnership on behalf of the Limited Partnership this 23 day of April, 2008, and declares that she has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

**GENERAL PARTNER:**  
**RFS General Partner, LLC**


By:   
Raymond J. Smith, President and Manager

**ACCEPTANCE AS REGISTERED AGENT:**

The undersigned, as an authorized agent of **THOMAS O. WELLS, P.A.**, a Florida corporation (the "Company"), hereby accepts the appointment as registered agent of **RFS FAMILY HOLDINGS LLLP**, a Florida limited liability limited partnership (the "Partnership"), and agrees to act in such capacity. The Company further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties and represents that it is familiar with and accepts the obligations of the position as registered agent as provided in Chapter 620, Florida Statutes.

**REGISTERED AGENT:**  
**THOMAS O. WELLS, P.A.**

Date: April 23, 2008

By:   
Thomas O. Wells, Esq., President

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