

To: The Florida Dept of State
Subject: 001555.85889

From: Ashli Smith

Wednesday, April 30, 2008 11:32 AM Page: 1 of 3

A08000000479

* File Second, after

Florida Department of State
Division of Corporations
Public Access System

LLC filing *
ADMG University
GP, LLC

Electronic Filing Cover Sheet

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

From:
Account Name : CORFDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

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TALLAHASSEE, FLORIDA

001555.85889

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ADMG University
GP, LLC

FLORIDA/FOREIGN LP/LLLP

ADMG UNIVERSITY PARTNERS LP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

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Corporate Filing Menu

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T. HAMPTON

MAY - 1 2008

EXAMINER

04/30/2008 11:26:53 AM

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

1. ADMG University Partners LP

(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 LLC.

2. 825 Parkway Street, Ste. 4

(Street address of initial designated office)

Jupiter, FL 33477

3. Joseph G. Lubeck

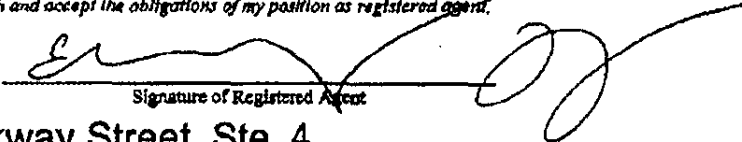
(Name of Registered Agent for Service of Process)

4. 825 Parkway Street, Ste. 4

(Florida street address for Registered Agent)

Jupiter, FL 33477

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. 825 Parkway Street, Ste. 4

(Mailing address of initial designated office)

Jupiter, FL 33477

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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To: The Florida Dept. of State
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From: Ashley Smith

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8. Name and business address of each general partner:

Name:

Business Address:

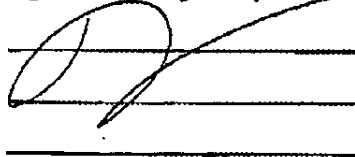
ADMG University GP, LLC 825 Parkway Street, Ste. 4
Jupiter, FL 33477

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 _____ day of _____, 2008

Signature of each general partner: _____



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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