140800000154

(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



400131649894



Need #

SECRETARY OF STATE STOR STOR OF CORPORATION OF CORPORATION OF STATE OF CORPORATION OF STATE OF CORPORATION OF C

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Light & Associates, LLLP (Name of Florida Limited Partnership or Lin	nited Liability Limited Partnership)
The enclosed Certificate of Limited Partnership a	•
Please return all correspondence concerning this	matter to:
Virgil L. Light	
(Contact Person) Virgil L. Light, P.A.	
(Firm/Company)	
1990 Main Street, Suite 750	
(Address)	
Sarasota, FL 34236	
(City, State and Zip Code)	
For further information concerning this matter, pl	ease call:
Virgil L. Light at (941 309-5415
(Name of Contact Person)	941 309-5415 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$1,000.00 Filing Fees \$1,008.75 Filing Fees \$1 (\$965 Filing Fee and and Certificate of and Certificate of Status) Fee)	052.50 Filing Fees \$1,061.25 Filing Fees, Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	1 anana5500, 1 L 32314

CR2E030 (01/06)

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

Light & Associates, 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.P. or LLLP. ₂ 1990 Main Street, Suite 750 (Street address of initial designated office) Sarasota, FL 34236 3 Virgil L. Light, PA (Name of Registered Agent for Service of Process) 4 1990 Main Street, Suite 750 (Florida street address for Registered Agent) Sarasota, FL 34236 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 1990 Main Street, Suite 750 (Mailing address of initial designated office) Sarasota, FL 34236

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

8. Name and business address of each Name:	n general partner: <u>Business Address:</u>
Virgil L. Light, PA	1990 Main Street, Suite 750
	Sarasota, FL 34236
9. Effective date, if other than the date of filing	ng: 07/01/2008
(Effective date cannot be prior to nor n filed by the Florida Department of Stat	more than 90 days after the date the document is ste.)
Signed this 25 day of	June , 2008 .
Signature of each general partner:	Virgit L- Light, Dr.
Virgil L. Light, PA	for the Frem.
Certified Copy (optional): \$5	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 2 of 2