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PICK-UP WAIT MAIL

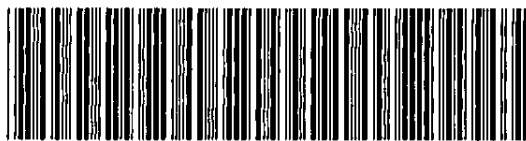
(Business Entity Name)

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CORPORATIONS
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TALLAHASSEE, FLORIDA

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08 OCT 21 PM 1:45
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TALLAHASSEE, FLORIDA

B. KOHR
OCT 21 2008
EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 10/21/08

REF. #: 000672.94505

CORP. NAME: MICHAEL AND MARIAN PETERS FAMILY, LLLP

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STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 528021 FOR \$ 1008.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|---|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP OF
MICHAEL AND MARIAN PETERS FAMILY, LLLP**

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership (the "Partnership") under the laws of the State of Florida:

1. Name of the Partnership. The name of the Partnership shall be **MICHAEL AND MARIAN PETERS FAMILY, LLLP**.

2. Address of Designated Office; Agent for Service of Process. The records to be kept pursuant to *Florida Statutes* Section 620.1111 shall be located at **9048 Shawn Park Place, Orlando, Florida 32819**, and the name of the Partnership's agent for service of process at said address is **Marian M. Peters**.

3. Names and Addresses of the General Partners. The names and addresses of the General Partners of the Partnership are as follows:

<u>Name</u>	<u>Address</u>
Michael B. Peters	9048 Shawn Park Place Orlando, Florida 32819
Marian M. Peters	9048 Shawn Park Place Orlando, Florida 32819

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 TALLAHASSEE, FLORIDA

4. Mailing Address for the Partnership. The mailing address for the Partnership shall be **Post Office Box 957, Bradenton, Florida 34206**.

5. Term. The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate of Limited Partnership with the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Liability Limited Partnership Agreement for the Partnership.

6. Limited Liability Limited Partnership. The Partnership elects to be a limited liability limited partnership.

DATED this 15th day of October, 2008.

State of Florida
County of Orange

GENERAL PARTNERS:

The foregoing instrument was acknowledged before me on the 15 day of October, 2008 by Marian M. Peters who produced RDL as identification.

Michael B. Peters
MICHAEL B. PETERS

Christillia
Notary Public

(Seal) Marian M. Peters
MARIAN M. PETERS



ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Date: October 15, 2008

Marian M. Peters
MARIAN M. PETERS

State of Florida
County of Orange

The foregoing instrument was acknowledged before me on the 15 day of October, 2008 by Marian M. Peters, who produced FLDL as identification.
Christilla (Seal)
Notary Public

