

AU8U0U000905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

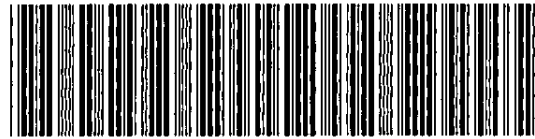
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
08 OCT 23 PM 4:25
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
OCT 24 2008
EXAMINER

FILED
08 OCT 23 AM 8:35
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

Advanced Incorporating Service, Inc.

1010 San Luis Road
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-575-2723
Fax: 850-575-2724
Email: orders@advancedincorporating.com
Website: www.advancedincorporating.com

NAME OF ENTITY

3 Gators Law, LLP

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TALLAHASSEE, FLORIDA

PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY

FILING:

☐ CORPORATION ☐ LLC ☒ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP
☐ FICTITIOUS NAME ☐ SERVICE MARK/TRADEMARK ☐ AMENDMENT
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN
☐ OTHER _____

RETRIEVAL:

☒ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY
Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 10/23/08 TIME 4:00

Notes: _____

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

FILED
08 OCT 23 AM 8:35
TALLAHASSEE, FLORIDA

1. 3 Gators Law, 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.L.P.
or LLLP.

2. 21 Royal Palm Pointe, Suite 100
(Street address of initial designated office)

Vero Beach, FL 32960

3. Kathryn E. Block

(Name of Registered Agent for Service of Process)

4. 21 Royal Palm Pointe, Suite 100
(Florida street address for Registered Agent)

Vero Beach, FL 32960

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.

Kathryn E. Block

Signature of Registered Agent

6. 21 Royal Palm Pointe, Suite 100
(Mailing address of initial designated office)

Vero Beach, FL 32960

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

8. Name and business address of each general partner:

Name:

Business Address:

Kathryn E. Block

21 Royal Palm Pointe, Ste. 100
Vero Beach, FL 32960

Jeffrey R. Pegler

21 Royal Palm Pointe, Ste. 100
Vero Beach, FL 32960

Samuel A. Block, P.A.
President of
Samuel A. Block, P.A.

21 Royal Palm Pointe, Ste. 100
Vero Beach, FL 32960

F57239

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 23rd day of October, 2008.

Signature of each general partner:

Kathryn E. Block

Pegler
Samuel A. Block, as President of Samuel A. Block, P.A.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75