DEC 2008 9:39AM C S C NO.696 1

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

RESUBMIT
Please give original submission date as file date.

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

12/2

FLORIDA/FOREIGN LP/LLLP

ALFRED S. AUSTIN FAMILY PARTNERSHIP, LP

Certificate of Status	1
Certified Copy	0
Page Count	~~05~~ 4
Estimated Charge	$1,008.75

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DIVISION OF CORPORATIONS
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Susie ext 2956

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

1. Alfred S. Austin Family Partnership, 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 LLLP.

2. 4617 San Miguel
(Street address of initial designated office)
Tampa, FL 33629

3. Corporation Service Company
(Name of Registered Agent for Service of Process)

4. 1201 Hays Street
(Florida street address for Registered Agent)
Tallahassee, FL 32301

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 an accept the obligations of my position as registered agent.*

Corporation Service Company
By: Sue G. Knight
Signature of Registered Agent

Sue G. Knight as its agent

6. 4617 San Miguel, Tampa, FL 33629
(Mailing address of initial designated office)

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

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3. Name and business address of each general partner:

Name:	Business Address:
Alfred S. Austin	4617 San Miguel
	Tampa, FL 33629
Beverly A. Austin	4617 San Miguel
	Tampa, FL 33629

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 21st day of November

Signature of each general partner:

Alfred S. Austin

Beverly A. Austin

Filing Fees: $1,000.00 ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional): $52.50
Certificate of Status (optional): $8.75