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(Address)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09 MAR 31 PM 1:15  
TALLAHASSEE, FLORIDA

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DIVISION OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

APR - 1 2009

EXAMINER

# 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](mailto:orders@advancedincorporating.com)  
Website: [www.advancedincorporating.com](http://www.advancedincorporating.com)

NAME OF ENTITY <u>Robert &amp; Sally Young</u> <u>Family Limited Partnership</u>	FOR OFFICE USE ONLY
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## PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY

## FILING:

☐ CORPORATION ☐ LLC ☒ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICEMARK/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 \_\_\_\_\_

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## Notes:

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FILED  
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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

1. ROBERT AND SALLY YOUNG FAMILY LIMITED PARTNERSHIP

(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 L.L.P.*

2. 408-A Howard Avenue

(Street address of initial designated office)

Lakeland, FL 33815

3. Jeffrey M. Lasman

(Name of Registered Agent for Service of Process)

4. Lasman Law Firm, P.A.

(Florida street address for Registered Agent)

6152 Delancey Station St., #205, Riverview, FL 33578

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. 408-A Howard Avenue

(Mailing address of initial designated office)

Lakeland, FL 33815

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:

Robert and Sally Young Family Management, LLC

408-A Howard Avenue

Lakeland, FL 33815

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 25<sup>th</sup> day of February, 2009

Signature of each general partner:

ROBERT AND SALLY YOUNG FAMILY  
MANAGEMENT, LLC

By: Robert D. Young, MGRM

By: Sally S. Young, MGRM

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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