

A090000000288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

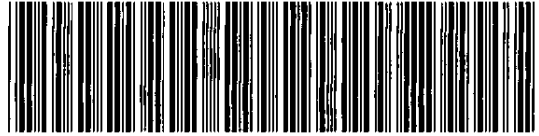
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900153080849

04/28/09--01034--018 **1052.50

FILED

09 APR 28 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

APR 30 2009

EXAMINER

2803 W. Busch Blvd., Suite 112
Tampa, Florida 33618-4517

Sharon Scarinci
Office Manager
Alder Allensworth
Fred Sustman
Administrative Assistants

Harkins & Associates

Attorneys at Law & Personal Trustees
813 / 933-7144 ♦ Fax 813 / 933-6393

Harold L. Harkins, Jr.
Adria Beenhakker Dickey
Attorneys at Law

P.O. Box 274121
Tampa, Florida 33688-4121

Bill Rogers
George E. Fahrenkopf
Patsy L. Aaron
Administrative Assistants

*Please file limited
partnership after
Articles of MFLPGP, Inc.
are approved, but no
earlier than May 1, 2009.*

Limited Partnership Office
Division of Corporations
Florida Department of State
PO Box 6327
Tallahassee, FL 32314

RE: Martineau Family Limited Partnership

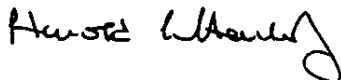
Dear Sir or Madam:

I am enclosing the original and one copy of a Certificate of Limited Partnership for the above captioned proposed Florida limited partnership to be effective upon filing. Also enclosed is a check for the following fees:

Filing fee	\$ 965.00
Certified copy of certificate of limited partnership	52.50
Registered agent fee	<u>35.00</u>
Total	\$ 1,052.50

Please file this Certificate of Limited Partnership immediately after the Articles of Incorporation for MFLPGP, Inc. have been accepted (but no earlier than May 1, 2009) and forward a certified copy to me. Thanks.

Sincerely,



cc: MFLPGP, Inc

FILED
09 APR 28 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Certificate of
Limited Partnership Of**

Martineau Family Limited Partnership

I, the undersigned, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act, do hereby certify the following:

Name

1. The name of the limited partnership is:

Martineau Family Limited Partnership

Office
Address

2. The limited partnership's office and mailing address is:

3103 Sunset Dr.
Tampa, FL 33629-5207

Registered
Agent
& Address

3. The name and address of the registered agent for service of process is:


Joseph A. Martineau
3103 Sunset Dr.
Tampa, FL 33629-5207

General Partner

The name and business address of the General Partner is:

MFLPGP, Inc. # P09000037890
3103 Sunset Dr.
Tampa, FL 33629-5207

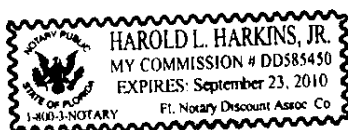
IN WITNESS WHEREOF, the undersigned executed this Certificate of Limited Partnership this effective May 1, 2009.

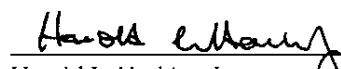

MFLPGP, Inc., General Partner
Joseph A. Martineau, President

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Acknowledgement

The foregoing Certificate of Limited Partnership was acknowledged before me this April 26, 2009, by Joseph A. Martineau, President of MFLPGP, Inc., who is personally known to me.



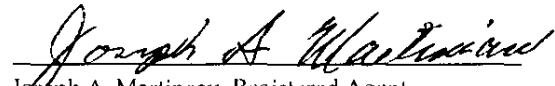

Harold L. Harkins, Jr.
Notary Public - State of Florida

FILED
09 APR 28 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registered Agent

Acceptance

I hereby accept 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 position as registered agent.


Joseph A. Martineau, Registered Agent

FILED
09 APR 28 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA