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To:

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: BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE

Account Number: 072731001155 Phone

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FLORIDA/FOREIGN LP/LLLP

Stross Family Investment Partnership, Ltd.

Certificate of Status	1
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Corporate Film

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

1 Stross Family Investment Partnership, Ltd.
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., I.P., or Ltd. Acceptable Limited Liability Limited Purtnership suffixes: Limited Liability Limited Purtnership, L.L.L.P. or LLI.P.
_{2.} 3010 82nd Way N
(Street address of initial designated office)
St. Petersburg, FL 33710
3. Sandra R. Stross
(Name of Registered Agent for Service of Process)
_{4,} 3010 82nd Way N
(Florida street address for Registered Agent)
St. Petersburg, FL 33710
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. Signstyre of Registered Agent
_{6.} 3010 82nd Way N
(Mailing address of initial designated office)
St. Petersburg, FL 33710
7. If limited partnership elects to be a limited liability limited partnership, check box

Page 1 of 2

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Name and business address of each gone	eneral partner: <u>Business Address:</u>
Stross Management, LLC	3010 82nd Way N
	St. Petersburg, FL 33710
	09
	09 MAY 12
	12
	A
	&:
9. Effective date, if other than the date of filling:	
	ore than 90 days after the date the document is
Signed this day of	ay 2009
Signature of each general partner:	
STROSS MANAGEMENT, LLC	
By: Sandra R. Stross, Manager	
	000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Page 2 of 2