

SEP-16-2009 08:55

HAHN LOESER PARKS

239 592 7716

P.01

Division of Corporations

**A09000000663**

## Florida Department of State

Division of Corporations

Public Access System

### Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H09000201561 3)))



H090002015613ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HAHN LOESER & PARKS

Account Number : I20070000069

Phone : (239) 254-2900

Fax Number : (239) 592-7716

**FILED**  
09 SEP 16 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**  
09 SEP 16 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FLORIDA/FOREIGN LP/LLLP

Pinkin Family Limited Partnership

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$1,061.25

**D. BRUCE**

SEP 17 2009

**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help

H09000201561 3

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR PINKIN FAMILY LIMITED PARTNERSHIP**

The undersigned, being desirous of forming a limited partnership under the laws of the State of Florida, does hereby certify as follows:

1. The name of the limited partnership is PINKIN FAMILY LIMITED PARTNERSHIP (the "Partnership").

2. The mailing address for the principal office of the Partnership in the State of Florida is located at 7187 Tory Lane, Naples, Florida 34108, or at such other location in the State of Florida as the General Partner may determine from time to time.

3. The name and the business address of the General Partner of the Partnership is Pinkin Florida, LLC, a Florida Limited Liability Company (the "General Partner"), with a business address at 7187 Tory Lane, Naples, Florida 34108. **LO9000076517**

IN WITNESS WHEREOF, the undersigned has duly executed this certificate of Limited Partnership as of the 15th day of September 2009.

**PINKIN FLORIDA, LLC**

By: \_\_\_\_\_

*James E. Pinkin*  
James E. Pinkin, Its Manager

**FILED**  
09 SEP 16 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H09000201561 3

H09000201561 3

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the limited partnership is PINKIN FAMILY LIMITED PARTNERSHIP
2. The name and address of the registered agent and office is:

HL Statutory Agent, Inc.  
c/o Jeffrey M. Folkman Esq.  
800 Laurel Oak Drive, Suite 600  
Naples, Florida 34108

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent, as provided for in the Florida Statutes.*

Dated: September 15, 2009

HL Statutory Agent, Inc.

By:

*Jeffrey M. Folkman*  
Jeffrey M. Folkman, Vice President  
Initial Registered Agent

**FILED**  
09 SEP 16 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H09000201561 3