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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 27 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thomas J. Gast Family Partnership LLLP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Elizabeth Fox Gast
Contact Person

Thomas J. Gast Family Partnership LLLP
Firm/Company

1601 S Highland Ave Suite A
Address

Clearwater FL 33756
City, State and Zip Code

efg@cdiservices.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Fox Gast at (615) 948-7381
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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

1. Thomas J. Gast Family Partnership LLLP

(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. 1601 S Highland Ave Suite A
(Street address of initial designated office)

Clearwater FL 33756

3. Thomas J. Gast
(Name of Registered Agent for Service of Process)

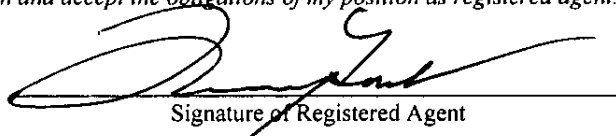
4. 1601 S Highland Ave Suite A
(Florida street address for Registered Agent)

Clearwater FL 33756

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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. 1601 S Highland Ave Suite A
(Mailing address of initial designated office)

Clearwater FL 33756

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:

Thomas J. Gast

1601 S Highland Ave. Suite A

Clearwater FL 33756

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TALLAHASSEE, FLORIDA

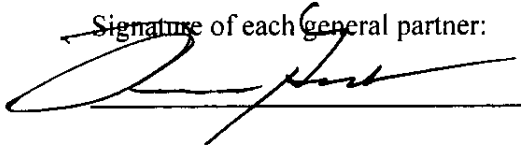
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9. Effective date, if other than the date of filing: _____

(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 October, 2009.

Signature of each general partner:



Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75