

**A09000000916**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : ROGERS, TOWERS, BAILEY, ET AL  
Account Number : 076666002273  
Phone : (904) 398-3911  
Fax Number : (904) 396-0663

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: SBONTESKI@RTLAW.COM

FLORIDA/FOREIGN LP/LLLP  
SKITSKO FAMILY LIMITED PARTNERSHIP, LLLP

|                       |            |
|-----------------------|------------|
| Certificate of Status | 0          |
| Certified Copy        | 0          |
| Page Count            | 02         |
| Estimated Charge      | \$1,000.00 |

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FAX COVER



December 21, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ROGERS, TOWERS, BAILEY, ET AL

SUBJECT: SKITSKO FAMILY LIMITED PARTNERSHIP, LLLP  
REF: W09000054912

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: H09000261253  
Letter Number: 109A00038601

① Correction done

② Please keep filing date of December 18, 2009.

Thank you,

Sincerely,

904-346-5556

H09000261253

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

1. SKITSKO FAMILY LIMITED 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.P., or LLLP.

2. 3728 MCGIRTS BOULEVARD  
(Street address of initial designated office)

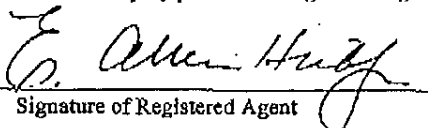
JACKSONVILLE, FLORIDA 32210

3. E. ALLEN HIEB, JR.  
(Name of Registered Agent for Service of Process)

4. 1301 RIVERPLACE BOULEVARD, SUITE 1500  
(Florida street address for Registered Agent)

JACKSONVILLE, FLORIDA 32207

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. 3728 MCGIRTS BOULEVARD  
(Mailing address of initial designated office)

JACKSONVILLE, FLORIDA 32210

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

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TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

C&V INVESTORS, INC.

3728 MCGIRTS BOULEVARD

JACKSONVILLE, FLORIDA 32210

PD9000075298

9. Effective date, if other than the date of filing: Upon 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 18<sup>th</sup> day of December, 2009

Signature of each general partner:

PRESIDENT, C&V INVESTORS, INC.

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TALLAHASSEE, FLORIDA

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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