

A 10 000000 75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

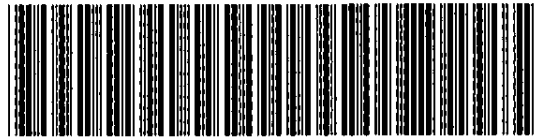
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
10 FEB - 1 PM 4:45

CORAFLLP

B. KOHR

FEB - 9 2010

EXAMINER

Advanced Incorporating Service, Inc.

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@advancedincorporating.com
Website: www.advancedincorporating.com

NAME OF ENTITY

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PICK ONE:

____ CERTIFIED COPY ____ PHOTOCOPY

FILING:

____ CORPORATION ____ LLC ____ LIMITED PARTNERSHIP ____ GENERAL PARTNERSHIP

____ FICTITIOUS NAME ____ SERVICEMARK/TRADEMARK ____ AMENDMENT

____ FOREIGN QUALIFICATION ____ JUDGMENT LIEN

____ OTHER ____

RETRIEVAL:

____ GOOD STANDING CERT/C.U.S. ____ CERTIFIED COPY ____ PHOTOCOPY

Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE _____ TIME _____

Notes: _____

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

FILED
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DIVISION OF CORPORATIONS
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1. RLT FAMILY LIMITED PARTNERSHIP

(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. 3814 W. El Prado Boulevard
(Street address of initial designated office)

Tampa, FL 33629

3. Jeffrey M. Lasman
(Name of Registered Agent for Service of Process)

4. 6152 Delancey Station St., Suite 205
(Florida street address for Registered Agent)

Riverview, FL 33578

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. 3814 W. El Prado Boulevard
(Mailing address of initial designated office)

Tampa, FL 33629

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:

RLT Family Management, LLC

3814 W. El Prado Boulevard

LIU UU 012473

Tampa, FL 33629

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 _____ day of December, 2009

Signature of each general partner:

RLT Family Management, LLC

By: [Signature]
Raymond L. Thomas, SRM

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75