

A 10000000288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

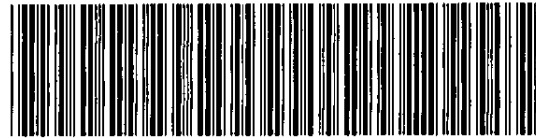
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORAFILP

B. KOHR

MAY 20 2010

EXAMINER

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 18 AM 8:33

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 	<div>FILED CLERK OF SUPERIOR COURT 10 MAY 18 AM 8:33</div> <div>FOR OFFICE USE ONLY</div>
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PICK ONE:

☐ CERTIFIED COPY ☐ PHOTOCOPY

FILING:

☐ CORPORATION ☒ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP
☐ FICTITIOUS NAME ☐ SERVICE MARK/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
STATE
DIVISION OF CORPORATIONS
10 MAY 18 AM 8:33

1. MACRI 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. 3821 HANOVER HILL DRIVE
(Street address of initial designated office)

VALRICO, FL 33596

3. JEFFREY M. LASMAN
(Name of Registered Agent for Service of Process)

4. 6152 DELANCEY STATION ST., #206
(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. _____
(Mailing address of initial designated office)

3821 HANOVER HILL DRIVE, VALRICO, FL 33596

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:

Macri Family Management, LLC

3821 Hanover Hill Drive

L10000053511

Valrico, FL 33596

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 May, 2010.

Signature of each general partner:

Macri Family Management, LLC

BY [Signature]
RICHARD P. MACRI, MGRM

BY [Signature]
IRENE M. MACRI, MGRM

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75