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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 : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727) 442-1200  
Fax Number : (727) 443-5829

**L. SELLERS**

AUG 6 2010

**EXAMINER**

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

Email Address: \_\_\_\_\_

**FLORIDA/FOREIGN LP/LLLP  
RDC/JOHN POE ARCHITECTS, L.L.L.P.**

Certificate of Status	0
Certified Copy	0
Page Count	02
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10 AUG -5 AM 9:20

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Audit Fax #  
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**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. RDC/JOHN POE ARCHITECTS, L.L.L.P.

(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 L.L.L.P.

2. 286 115TH AVENUE  
(Street address of initial designated office)

TREASURE ISLAND, FL 33706-4661

3. ALAN S. GASSMAN  
(Name of Registered Agent for Service of Process)

4. 1245 COURT STREET, SUITE 102  
(Florida street address for Registered Agent)

CLEARWATER, FL 33706

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. P.O. BOX 9684  
(Mailing address of initial designated office)

TREASURE ISLAND FL 33706

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

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8. Name and business address of each general partner:

Name:

Business Address:

ROGER REPSTIEN

524 Fernwood Drive

Altamonte Springs, FL 32701

JOHN POE ARCHITECTS, L.L.C.

P.O. BOX 9684


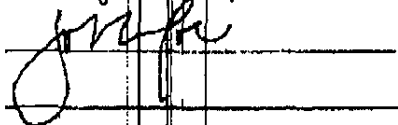
TREASURE ISLAND, FL 33706

9. Effective date. (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 4th day of August, 2010.

Signature of each general partner:

ROGER REPSTIEN d/b/a RDL, Gen. Partner

JOHN POE, as Manager of  
JOHN POE ARCHITECTS, L.L.C.,  
Gen. 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

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