

A1000000000610

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000221196 3)))



H100002211963ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

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/LLP SGB FAMILY PARTNERSHIP, L.P.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

G. LEWIS

OCT 8 2010

EXAMINER

FILED
H100002211963
2010 OCT -7 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP OF

SGB FAMILY PARTNERSHIP, L.P.

a Florida limited partnership

The undersigned general partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, does hereby state the following:

1. The name of the Partnership is:
SGB FAMILY PARTNERSHIP, L.P.
2. The address of the office of the Partnership is:
**One South School Avenue, Suite 500
Sarasota, Florida 34237**
3. The name and address of the agent for service of process on the Partnership is as follows:
**Gregory S. Band
One South School Avenue, Suite 500
Sarasota, Florida 34237**
4. The names and business address of the general partner is as follows:
**SGB FAMILY, LLC
One South School Avenue, Suite 500
Sarasota, Florida 34237**
5. The mailing address of the Partnership is:
**One South School Avenue, Suite 500
Sarasota, Florida 34237**
6. The effective date of this Certificate of Limited Partnership shall be October 6, 2010.

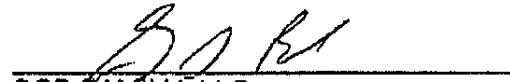

H10000221196 3

The execution of this certificate by the undersigned general partners constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by Gregory S. Band, as Authorized Representative of SGB FAMILY, LLC, a Florida limited liability company, the general partner of SGB FAMILY PARTNERSHIP, L.P., a Florida limited partnership, this 6th day of October, 2010.

"GENERAL PARTNER"

WITNESSES AS TO:
Gregory S. Band, as
Authorized Representative



SGB FAMILY, LLC,
a Florida limited liability company
By: Gregory S. Band, as Authorized
Representative

FILED
2010 OCT -7 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000221196 3

H10000221196 3

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named to accept service of process for SGB FAMILY PARTNERSHIP, L.P., at the place designated in the foregoing Certificate of Limited Partnership, I, Gregory S. Band, hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.1117, Florida Statutes.



Gregory S. Band
Registered Agent

Date:

October 6, 2010

FILED
2010 OCT -7 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000221196 3