

A 10000000615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

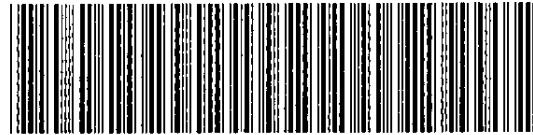
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500184817835

10/12/10--01001--010 **1362.50

CORAFLLP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT - 8 PM 4:15

B. KOHR

OCT - 8 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

10 OCT 8 38 PM '15
DIVISION OF CORPORATIONS

NAME OF ENTITY

FOR OFFICE USE ONLY

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**

RECEIVED
DIVISION OF CORPORATIONS
10 OCT -8 PM 4:15

1. MATTACC 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 LLP.

2. 5656 COUNTRY LAKES DRIVE

(Street address of initial designated office)

SARASOTA, FL 34243

3. LARRY F. MATTACCHIONE

(Name of Registered Agent for Service of Process)

4. 5656 COUNTRY LAKES DRIVE

(Florida street address for Registered Agent)

SARASOTA, FL 34243

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. 5656 COUNTRY LAKES DRIVE

(Mailing address of initial designated office)

SARASOTA, FL 34243

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:

Mattacc Family Management, LLC

5856 Country Lakes Drive

Sarasota, FL 34243

L10000105592

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 8th day of October, 2010.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mattacc Family Management, LLC

By: Larry F. Mattacchione
Larry F. Mattacchione, MGRM

By: Shirley B. Mattacchione
Shirley B. Mattacchione, MGRM

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75