

A10VVVVVVU 656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

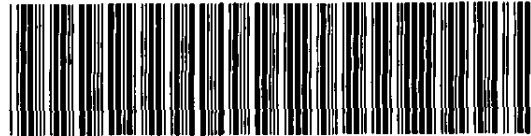
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 OCT 21 PM 3:34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORAFLLP

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10 OCT 21 PM 4:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

OCT 25 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

ME OF, ENTITY

FOR OFFICE USE ONLY

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: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 21 PM 4:55

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

1. Daren McGinnis 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. 2902 Mossy Timber Trail

(Street address of initial designated office)

Valrico, FL 33596

3. Daren S. McGinnis

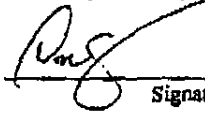
(Name of Registered Agent for Service of Process)

4. 2902 Mossy Timber Trail

(Florida street address for Registered Agent)

Valrico, FL 33596

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. 2902 Mossy Timber Trail

(Mailing address of initial designated office)

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:

Daren McGinnis Management, LLC

2902 Mossy Timber Trail

Valrico, FL 33596

L10000110345

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 14th 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.

Daren McGinnis Management, LLC

By: [Signature]
Daren S. McGinnis, MGRM

By: [Signature]
Robert S. McGinnis, MGRM
By: [Signature]
Barbara J. McGinnis, 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

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