

A10VVVVVVVV680

(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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EXAMINER



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CORAFLLP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 NOV - 1 AM 8:07

# 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](mailto:orders@advancedincorporating.com)  
Website: [www.advancedincorporating.com](http://www.advancedincorporating.com)

NAME OF ENTITY        	<div>FILED STATE SECRETARY OF CORPORATIONS 10 NOV - 1 AM 8:07</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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 NOV - 1 AM 8:07

**1. KATROS 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. 1408 Palm Drive**

(Street address of initial designated office)

Winter Haven, FL 33884

**3. F. Andrew Katros**

(Name of Registered Agent for Service of Process)

**4. 1408 Palm Drive**

(Florida street address for Registered Agent)

Winter Haven, FL 33884

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.*

X   
Signature of Registered Agent

**6. 1408 Palm Drive**

(Mailing address of initial designated office)

Winter Haven, FL 33884

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:

Katros Family Management, LLC

1408 Palm Drive

L10000113690

Winter Haven, FL 33884

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 15th 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.

Katros Family Management, LLC

By: [Signature]  
F. Andrew Katros, 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

Page 2 of 2