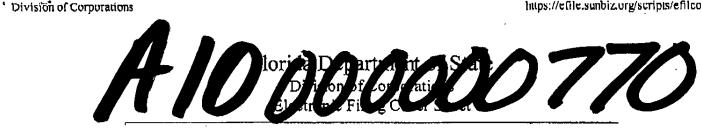
https://efile.sunbiz.org/scripts/efilcovr.exe



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.

(((H10000258013 3)))



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

To:

000174.137155.2

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714

: (850)222-1173

Fax Number

: (850)224-1640

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

Email Address:



## FLORIDA/FOREIGN LP/LLLP BRITMARK HOLDINGS, LLLP

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$1,052.50	

Electronic Filing Menu

Corporate Filing Menu

Help

 $\cdot, \star$ 

H10000258013 3

Py B

## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY 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, 640 N. MacEwen Dr., Osprey, FL 34229	
(Street address of initial designated office)	
3. David P. Nichols	
(Name of Registered Agent for Service of Process)	
4,640 N. MacEwen Dr., Osprey, FL 34229 5	
(Florida street address for Registered Agent)	
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.	
977 PRE	_
Signature of Registered Agent	
6,640 N. MacEwen Dr., Osprey, FL 34229	
(Mailing address of initial designated office)	

Page 1 of 2

## H10000258013 3

8. Name and business address of each pane:	general partner: Business Address:	
David P. Nichols and	640 N. MacEwen Dr.	
	Osprey, FL 34229	
Josephine Nichols, TEN ENT		
· · · · · · · · · · · · · · · · · · ·		<b>5</b>
		8 7
	GA ST EM	] ]
•		AND STATE
9. Effective date, if other than the date of filing	B:	
(Effective date cannot be prior to nor n filed by the Florida Department of State	nore than 90 days after the date the document is e.)	
Signed this 30th day of	November 2010	
stated herein are true. I/We am/are awa	e submit this document and affirm that the facts we that any false information submitted in a constitutes a third degree felony as provided for in	
55008		
Josephina Dechalo		
Certified Copy (optional): \$5 Certificate of Status (optional): \$5	1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) 52.50 8.75 Page 2 of 2	