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(((H100002634073)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE

Account Number: 072731001155 : (813)253~2020

Phone Fax Number

: (813)251-6711

**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/LLLP McGinley Family, LLLP

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EXAMINER

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H10000263407

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

McGinley Family, LLLP	 '
(Name of Limited Parmership or Limited Liability Limited Partnership, which must inche Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership.	4 /
2, 19820 Gulf Boulevard #201	
(Street address of initial designated office)	
Indian Shores, FL 33785	SEC
3. Hugh McGinley	AHA AHA
(Name of Registered Agent for Service of Process)	
4.19820 Gulf Boulevard #201	लंट
(Florida street address for Registered Agent)	(C)
Indian Shores, FL 33785	
	Anna James
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I ficomply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent. X	
6.19820 Gulf Boulevard #201	
(Mailing address of initial designated office)	
Indian Shores, FL 33785	
7. If limited partnership elects to be a limited liability limited partnership, che	ck box X
Page 1 of 2	

H10000263407

8. Name and business address of ean Name:	Business Address:	
Hugh McGinley	19820 Gulf Boulevard #201	_
	Indian Shores, FL 33785	_
Gillian McGinley	19820 Gulf Boulevard #201	_
	Indian Shores, FL 33785	_
		-
		-
		_
		- -
	ALL:	2910 E
	AAA	0∃C -
	SE C	60
9. Effective date, if other than the date of	filing:	- <u>T</u>
filed by the Florida Department of S	•	er L
Signed this 614 day o	f December , 2010	
stated herein are true. I/We am/are a	We submit this document and affirm that the facts aware that any false information submitted in a e constitutes a third degree felony as provided for in	
Hugh McQinley	Gillian McGinley	•