

A110000000107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

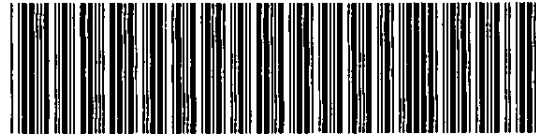
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B. KOHR

FEB - 7 2011

EXAMINER



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CORAFLLP

B. KOHR

FEB - 7 2011

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB - 3 PM 4:04

Advanced Incorporating Service, Inc.

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@advancedincorp.com
Website: www.advancedincorp.com

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB -3 PM 4:00

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**

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 FEB -3 PM 4:04

1. VACCARO 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 L.L.P.

2. 152 Barrington Drive

(Street address of initial designated office)

Brandon, FL 33511

3. Jeffrey M. Lasman

(Name of Registered Agent for Service of Process)

4. 1560 W. Cleveland Street

(Florida street address for Registered Agent)

Tampa, FL 33606

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. 152 Barrington Drive

(Mailing address of initial designated office)

Brandon, FL 33511

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:

Vaccaro Family Management, LLC

152 Barrington Drive

Brandon, FL 33511

L11000014164

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 31st day of January, 2011.

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.

Vaccaro Family Management, LLC

X Nathan J. Vaccaro, Jr.
By: Nathan J. Vaccaro, Jr.
MGR

X Althea Vaccaro
By: Althea Vaccaro
MGR

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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