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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE
Account Number : 072731001155
Phone : (813) 253-2020
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: _____

RECEIVED
11 JUL 14 AM 7:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LP/LLLP
BZL Investment Partnership Ltd.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

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J. SAULSBERRY
EXAMINER

JUL 15 2011

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Corporate Filing Menu

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

1. BZL Investment Partnership Ltd.

(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. 5300 W. Cypress Street, Ste. 200

(Street address of initial designated office)

Tampa, Florida 33607

3. David L. Koche

(Name of Registered Agent for Service of Process)

4. 601 Bayshore Boulevard, Ste. 700

(Florida street address for Registered Agent)

Tampa, Florida 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.

x



Signature of Registered Agent

6. 5300 W. Cypress Street, Ste. 200

(Mailing address of initial designated office)

Tampa, Florida 33607

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

Master Control, Inc.

5300 W. Cypress Street, Ste. 200

Tampa, Florida 33607

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TALLAHASSEE, FLORIDA

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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 July, 2011

Signature of each general partner:

MASTER CONTROL, INC.

By M. Steven Sembler
M. Steven Sembler, President

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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