T-350 P001/004 F-533

Division of Corporations Electronic Filing Cover Sheet

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|-------------------------------------|---|--|--|
| Note: DO                            | NOT hit the REFRESH/RELOAD Doing so will generate an                                    | other cover sheet.   | er from this page.                     |
| То:                                 | Division of Corporations<br>Fax Number : (850)617                                       |  | FIL<br>SEP -1<br>CONCTANT<br>LLAHASS   |
| From                                | Account Name : KRAMER, Account Number : 07370700 Phone : (954)966 Fax Number : (954)981 | 2173<br>-2112  | GREENE & BUCHSPAUM, \$5.4.5            |
| annual                              | email address for this busing report mailings. Enter only                               |  |  |
|                                     |   | ENID/IID   | ************************************** |
| - <b>4</b>                          | DiPasquale Investment   |  |  |
| ATE RID.                            | Certificate of Status   | 0  | <b>]</b>                               |
| PM 1: 1<br>0F STAT<br>E. FLORI      | Certified Copy  | 1  |  |
|                                     | Page Count  | 04   |  |
| -7<br>SSE                           | Estimated Charge  | \$1,052.50   |  |
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## COVER LETTER

| TO: Registration Section Division of Corporations   |   |
|---|---|
| SUBJECT: DiPasquale Investm<br>(Name of Florida Limited Partnership   | nent Holdings, LLLP or Limited Liability Limited Partnership)                                       |
| The enclosed Certificate of Limited Partner   | ship and fees are submitted for filing.   |
| Please return all correspondence concerning   | this matter to:   |
| MITCHELL F. GREEN, ESQ<br>(Contact Person)  | <del>)</del> .  |
| (Firm/Company)  |   |
| 4000 Hollywood Blvd., Suite   | 485S  |
| (Address) Hollywood, FL 33021   |   |
| (City, State and Zip Code)  | <del>,</del>  |
| For further information concerning this mat   | ter, please call:   |
| Mitchell F. Green   | at ( 954 )966-2112  (Area Code and Daytime Telephone Number)  |
| (Name of Contact Person)  | (Area Code and Daytime Telephone Number)  |
| Enclosed is a check for the following amou  | nt:   |
| \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$\$1,008.75 Filing Fees and Certificate of Status        | S1,052.50 Filing Pees and Certified Copy Certificate of Status                                      |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 |
| CR2E030 (01/06)   |   |

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## CERTIFICATE OF LIMITED PARTNERSHIPSECRETARY OF STATE FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

## 1 DiPasquale Investment Holdings, LLLP

(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.

| 2,20316 Chestnut Grove                            |  |
|---|--|
| (Street address of initial designated office)     |  |
| Tampa, Florida 33647                              |  |
| 3 MITCHELL F. GREEN, ESQ.                         |  |
| (Name of Registered Agent for Service of Process) |  |
| 4 4000 Hollywood Blvd., Suite 485S                |  |
| (Florida street address for Registered Agent)     |  |
| Hollywood, FL 33021                               |  |

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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

620316 Chestnut Grove

(Mailing address of initial designated office)

Tampa, Florida 33647

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

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X

X

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| 8. Name and business address of e Name:   | ach general partner: <u>Business Address;</u>                                    |        |
|---|--|--------|
| Paul DiPasquale   | 20316 Chestnut Grove   | _      |
|   | Tampa, Florida 33647   | -      |
|   |  | -      |
|   |  | -      |
|   |  | . ==   |
|   |  | SEP    |
|   | SS EEE   | Z → ED |
|   |  | 8. ts  |
| 9. Effective date, if other than the date of                                    | filing:  |        |
| (Effective date cannot be prior to no<br>filed by the Florida Department of l   | or more than 90 days after the date the document is<br>State.)                   |        |
| Signed this day o   | of August, 2011.   |        |
| Signature of each general partner   | Ø  |        |
|   |  |        |
| Filing Fees:<br>Certified Copy (optional):<br>Certificate of Status (optional): | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)<br>\$52.50<br>\$8.75 |        |