

All 000000799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

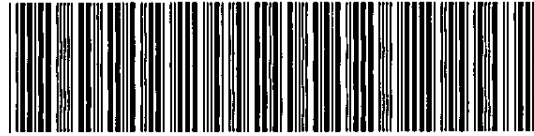
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EXAMINER



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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CORAFLLP

**Advanced Incorporating Service, Inc.**

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

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

<p>NAME OF ENTITY <u>Lazardnik Family Limited Partnership</u></p>	<p>FOR OFFICE USE ONLY</p>
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DIVISION OF CORPORATION  
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**PICK ONE:**

CERTIFIED COPY     PHOTOCOPY     C.U.S.

**FILING:**

CORPORATION     LLC     LIMITED PARTNERSHIP     GENERAL PARTNERSHIP  
 FICTITIOUS NAME     SERVICEMARK/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 11/4/11    TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

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

FILED STATE  
SECRETARY OF CORPORATION  
DIVISION OF CORPORATION  
11 NOV -4 PM 4:23

1. LAZARCHIK 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 LLLP.

2. 1560 W. CLEVELAND ST.

(Street address of initial designated office)

TAMPA, FL 33606

3. JEFFREY M. LASMAN

(Name of Registered Agent for Service of Process)

4. 1560 W. CLEVELAND ST.

(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. 1560 W. CLEVELAND ST.

(Mailing address of initial designated office)

TAMPA, FL 33606

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:

Lazarchik Family Management, LLC

1560 W. Cleveland St.

Tampa, FL 33572

L11000125611

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 26th day of October, 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.

Lazarchik Family Management, LLC

BY: [Signature]  
Laetan Law Firm, P.A., MGR

BY: Jeffrey M. Jasman  
Its President

Filing Fees: **\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)  
Certifying Copy (optional): **\$52.50**  
Certificate of Status (optional): **\$8.75**