

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 _____

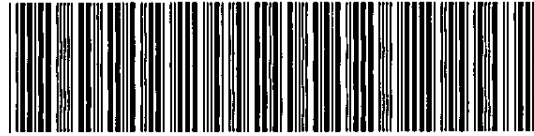
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

NOV - 8 2011

EXAMINER



300213105423

11/08/11--01003--002 **1207.50

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

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>
---	----------------------------

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV -4 PM 4:28

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)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75