

A1100000918

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000289158 3)))



H110002891583ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : ALLEY MAASS ET AL (SJH)
Account Number : I19990000280
Phone : (561) 659-1770
Fax Number : (561) 833-2261

2011 DEC -9 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Stuart.haft@AMRL.COM

RECEIVED
11 DEC -9 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLP
DUCK PUDDLE SOUTH LP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$1,052.50

C. LEWIS
DEC 12 2011
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

FILED

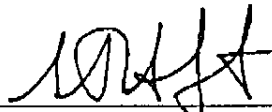
CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP

2011 DEC -9 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- 1. Duck Puddle South LP
- 2. 152 Wells Road, Palm Beach, Florida 33480
(Street address of initial designated office)
- 3. Stuart J. Haft, Esq.
(Name of Registered Agent for Service of Process)
- 4. 340 Royal Poinciana Way, Suite 321, Palm Beach, Florida 33480
(Florida street address for Registered Agent)

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. c/o Stuart J. Haft, P.O. Box 431
Palm Beach, Florida 33480
(Mailing Address)

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

8. Name and business address of each general partner:

<u>Name:</u> <u>L1100013844D</u>	<u>Business Address:</u>
<u>Farm Management, LLC</u>	<u>152 Wells Road</u>
	<u>Palm Beach, Florida 33480</u>

9. Effective date, if other than the date of filing: _____

Signed this 9th day of December, 2011.

Signature of each general partner: I submit this document and affirm that the facts stated herein are true. I am 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.

Farm Management, LLC,
a Florida limited liability company



By: Helen S. Guest
Its Manager

FILED

2011 DEC -9 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA