

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.

(((HI1000290921 3)))



HI10002909213ABCZ

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 : 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 annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
11 DEC 12 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLP
MSS Financial Universal Lifestyle, LP

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

D. BRUCE
DEC 13 2011
EXAMINER

RECEIVED
11 DEC 12 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H11000290921

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

1. MSS Financial Universal Lifestyle, LP

(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, FL 33607

3. Julie V. Fanelli

(Name of Registered Agent for Service of Process)

4. 5300 W. Cypress Street, Ste. 200

(Florida street address for Registered Agent)

Tampa, FL 33607

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, FL 33607

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

H11000290921

FILED
11 DEC 12 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000290921

8. Name and business address of each general partner:

Name:

Business Address:

Master Control, Inc.

5300 W. Cypress Street, Ste. 200

Tampa, FL 33607

097000017669

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 8th day of December, 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.

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

Page 2 of 2

#550710

FILED

11 DEC 12 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000290921