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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

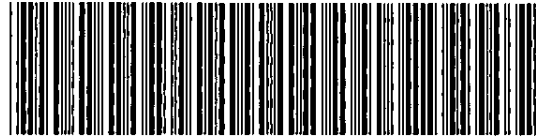
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EXAMINER



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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 027433 81386A

AUTHORIZATION :

COST LIMIT : \$ PPD

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ORDER DATE : December 15, 2011

ORDER TIME : 12:40 PM

ORDER NO. : 027433-005

CUSTOMER NO: 81386A

DOMESTIC FILING

NAME: KAUFMAN FAMILY PARTNERSHIP,  
LLLP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP  
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce - EXT. 2919

EXAMINER'S INITIALS: \_\_\_\_\_

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

The undersigned General Partners of **KAUFMAN FAMILY PARTNERSHIP, LLLP** ("Partnership") hereby form a limited liability limited partnership under the provisions of the Florida Revised Uniform Limited Partnership Act of 2005 (the "Act"), and pursuant to the following certificate of limited partnership.

**ARTICLE 1**

**Name**

The name of this Partnership is:

**KAUFMAN FAMILY PARTNERSHIP, LLLP**

**ARTICLE 2**

**Principal Office**

The street and mailing address of the initial designated office of the Partnership is: 6329 Gall Blvd., Zephyrhills, Florida 33540.

**ARTICLE 3**

**Agent for Service of Process**

The name and street address of the initial registered agent for the Partnership are: Robert E. Aylward, Esq., 600 S. Magnolia Ave., Suite 125, Tampa, Florida 33606.

**ARTICLE 4**

**General Partners**

The name and business addresses of the General Partners of the Partnership are:

**General Partners**

**Address**

Stuart J. Kaufman

6329 Gall Blvd.  
Zephyrhills, Florida 33540

Debra L. Kaufman

6329 Gall Blvd.  
Zephyrhills, Florida 33540

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**ARTICLE 5**  
**Limited Liability Limited Partnership**

The Partnership elects to be a limited liability limited partnership.

We submit this document and affirm that the facts stated herein are true and correct. We are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.

Signed this 10th day of December, 2011.

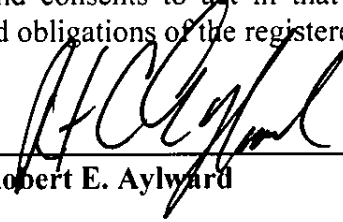
  
\_\_\_\_\_  
STUART J. KAUFMAN

  
\_\_\_\_\_  
DEBRA L. KAUFMAN

**KAUFMAN FAMILY PARTNERSHIP, LLLP**

**ACCEPTANCE OF SERVICE AS REGISTERED AGENT**

The undersigned, **Robert E. Aylward**, having been named as registered agent to accept service of process for the above named Partnership, at the registered office designated in the Certificate of Limited Partnership, hereby agrees and consents to act in that capacity. The undersigned is familiar with and accepts the duties and obligations of the registered agent.



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Robert E. Aylward