

A11000000954

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.

(((H11000294121 3)))



H110002941213ABCV

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 & MORGAN
Account Number : 072731001155
Phone : (813) 253-2020
Fax Number : (813) 251-6711

L. SELLERS
DEC 16 2011
EXAMINER

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

Email Address: _____

RECEIVED
11 DEC 15 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP
Robert G. Graham Family Limited Partnership

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

FILED
11 DEC 15 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H110002941213

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

1. Robert G. Graham Family Limited Partnership

*(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited P.P., L.P., or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.,
or LLLP.*

2. 1613 Culbreath Isles Drive

(Street address of initial designated office)

Tampa, Florida 33629

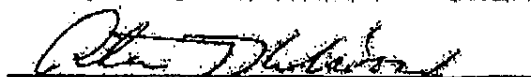
3. Robert G. Graham

(Name of Registered Agent for Service of Process)

4. 1613 Culbreath Isles Drive, Tampa, Florida 33629

(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. 1613 Culbreath Isles Drive

(Mailing address of initial designated office)

Tampa, FL 33629

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

FILED
11 DEC 15 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H110002941213

8. Name and business address of each general partner:

Name:

Business Address:

RG Graham Management, LLC

1613 Culbreath Isles Drive

Tampa, FL 33629

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 15 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 §817.155, F.S.

RG Graham Management, LLC:

By [Signature]
Robert G. Graham, Manager

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$8.75

Page 2 of 2

H110002941213