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Florida Department of State
Division of Corporations
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L. SELLERS
DEC 16 2011
EXAMINER

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

From:
Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCRIDE
Account Number : 072731001155
Phone : (813)253-2020
Fax Number : (813)251-6711

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

Email Address: _____

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TALLAHASSEE, FLORIDA

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

Certificate of Status	1
Certified Copy	0
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Estimated Charge	$1,008.75

SECRETARY OF STATE
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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, L.P., LP, 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 ☐

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TALLAHASSEE, FLORIDA

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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 s.817.155, F.S.

RG Graham Management, LLC

By: _____

Robert G. Graham, Manager

Filing Fees:	**$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional):	**$52.50**
Certificate of Status (optional):	**$8.75**