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(((H12000010863 3)))



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To:

Division of Corporations

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Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

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

Rmail	Address:				

FLORIDA/FOREIGN LP/LLLP 5585 RIO VISTA, LP

Certificate of Status	0
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Page Count	02
Estimated Charge	\$1,000.00

JAN 17 2012

EXAMINER

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

1.	5585 RIO VISTA, LP		
Acc	(Name of Limited Partnership or Limited Liability Limited Partnership, which must include sufficeptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. ceptable Limited Liability Limited Partnership, suffixes: Limited Liability Limited Partnership, L.L.P. or LLLP.	îx)	
2.	239 E. Virginia Street, Tallahassee, FL 32301		
	(Street address of initial designated office)	12 JAN 13	334 4
3.	W. Bradley Munroe, Esq.	Ca	F
	(Name of Registered Agent for Service of Process)		;
4.	239 E. Virginia Street	-	
	(Florida street address for Registered Agent)	ထဲ	<u></u>
	Tallahassee, FL 32301	en T	
	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agreemply with the provisions of all statutes relative to the proper and complete performance of my due I am familiar with and accept the obligations of my position as registered agent. Signature of Registered Agent	ee ties,	
<u>239</u>	E. Virginia Street, Tallahassee, FL 32301		
	(Mailing address of initial designated office)		
6.	If limited partnership elects to be a limited liability limited partnership, check box		

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8. Name and business address of each general partner:

Name:

Business Address:

5585 RV, LLC

c/o Stephen I. Mitnick 314 Fairview Road Penn Valley, PA 19072 -1200000(2012

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

11th_day of January, 2012 Signed this ___

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.

5585 RV, LLC, It Sole General Partner

By: Stepken I. Mitnick, Manager

Filing Fees:

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

Certified Copy (optional):

\$52.50 \$8.75

Certificate of Status (optional):

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