A12000000069

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.

(((H12000034215 3)))

H12000034215 3ABCS

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 : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

2012 FEB -8 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Email Address: _____

FLORIDA/FOREIGN LP/LLLP

1419 VISCAYA PARKWAY FAMILY LLLP

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

RECEIVED
12 FEB -8 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
FEB - 9 2012
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

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

1. 1419 Viscaya Parkway Family LLLP

(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. 1792 Whitecap Circle
Street address of initial designated office

North Fort Myers, Florida 33903

3. Susan M. Lozano
Name of Registered Agent for Service of Process

4. 1792 Whitecap Circle
Florida street address for Registered Agent

North Fort Myers, Florida 33903

2012 FEB -8 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.*

Susan M Lozano
Signature of Registered Agent

6. 1792 Whitecap Circle
Mailing address of initial designated office

North Fort Myers, Florida 33903

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

8. Name and business address of each general partner:

Name:	Business Address:
Susan M. Lozano	1792 Whitecap Circle North Fort Myers, Florida 33903

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 9th day of December 2011

Signature of each general partner:

Susan M. Lozano

2012 FEB -8 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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