Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEIL & MULLIS, P.A.
Account Number : 076424003301
Phone : (813)223-7474
Fax Number : (813)227-0435

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Email Address: tgood@trenam.com

FLORIDA/FOREIGN LP/LLLP
MARF Holdings, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	02
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D. BRUCE
AUG 03 2012
EXAMINER

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

1. MARF Holdings, 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. 1700 South MacDill, Suite 220
(Street address of initial designated office)

Tampa, Florida 33629

3. TK Registered Agent, Inc.
(Name of Registered Agent for Service of Process)

4. 101 E. Kennedy Boulevard, Suite 2700
(Florida street address for Registered Agent)

Tampa, Florida 33602

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. 1700 South MacDill, Suite 220
(Mailing address of initial designated office)

Tampa, Florida 33629

7. 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:
Daniel S. Aegerter	1700 South MacDill, Suite 220 Tampa, Florida 33629
Sabina Aegerter	1700 South MacDill, Suite 220 Tampa, Florida 33629

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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 31st day of July, 2012.

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.

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