

Aug. 10.
DIVISION

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE
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: _____

RECEIVED

12 AUG 10 AM 6:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP
Accardi Limited Partnership

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG 10 PM 3:40

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Corporate Filing Menu

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

1. Accardi 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. 1523 N. Franklin Street

(Street address of initial designated office)

Tampa, FL 33602

3. Jason Accardi

(Name of Registered Agent for Service of Process)

4. 1523 N. Franklin Street

(Florida street address for Registered Agent)

Tampa, FL 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.*

x


Signature of Registered Agent

6. 1523 N. Franklin Street

(Mailing address of initial designated office)

Tampa, FL 33602

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:

Accardi Management Group, LLC

1523 N. Franklin Street

Tampa, FL 33602

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 27th day of July, 2012.

Signature of each general partner:

ACCARDI MANAGEMENT GROUP, LLC

By: 

Jason Accardi, 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

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TALLAHASSEE, FLORIDA

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