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.

Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6383 From: : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A. Account Name Account Number : 076424003301 Phone : (813)223-7474 12-2144 RGS Fax Number : (813)227-0435 **Enter the email address for this business entity to be used for fur annual report mailings. Enter only one email address please ** FLORIDA/FOREIGN LP/LLLP Pacaf Limited Partnership, LLLP Certificate of Status Certified Copy 1 Page Count \$1,052.50 Estimated Charge ά

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EXAMINER

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

1. I acai climited Partiership, ELLI	
(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.P. or LLLP.	
2, 132 West Plant Street, Suite 210	
. (Street address of initial designated office)	
Winter Garden, Florida 34787	
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	12 ncT - 4
6.132 West Plant Street, Suite 210	. ,
(Malling address of initial designated office)	The [18]
Winter Garden, Florida 34787	ಯ ಗ್ಲ
7. If limited partnership elects to be a limited liability limited partnership, check box	သ တ

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8. Name and business address of each Name:	h general partner: <u>Business Address:</u>	
P.B. Brown LLC	132 West Plant Street, Ste. 210	
L11000042996	Winter Garden, FL 34787	
	——————————————————————————————————————	
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		1
		8: 8: N
	27% 127%	5
9. Effective date, if other than the date of fili	ing:	
(Effective date cannot be prior to nor filed by the Florida Department of Sto	more than 90 days ofter the date the document is ate.)	
Signed this 25 day of	August	
stated herein are true. I/We am/are aw	Ve submit this document and affirm that the facts ware that any false information submitted in a constitutes a third degree felony as provided for in	
	P.B. Brown LLC	
**	(\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2	