

**A12000000656**

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,  
Account Number : 076424003301  
Phone : (813) 223-7474  
Fax Number : (813) 227-0435

P.A.

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

Email Address: tagood@trenam.com

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TALLAHASSEE FLORIDA

FLORIDA/FOREIGN LP/LLP  
D&A Capital Investments, LLLP

|                       |            |
|-----------------------|------------|
| Certificate of Status | 1          |
| Certified Copy        | 1          |
| Page Count            | 02         |
| Estimated Charge      | \$1,061.25 |

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EXAMINER

OCT. 31. 2012 3:59PM  
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TRENAM KEMKER

7273410950 NO. 2733 P. 2

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

1. D&A Capital Investments, 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. 125 Park Street South

*(Street address of initial designated office)*

St. Petersburg, Florida 33707

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. 125 Park Street South

*(Mailing address of initial designated office)*

St. Petersburg, Florida 33707

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

STATE OF FLORIDA  
TALLAHASSEE

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8. Name and business address of each general partner:

Name:

Business Address:

Gomer Enterprises, LLC

125 Park Street South

St. Petersburg, Florida 33707

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FLORIDA

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 30th day of October, 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.

Gomer Enterprises, LLC, as General Partner

Gomer Enterprises, LLC, as General Partner

By: David M. Dreadner, Manager

By: Arline E. Dreadner, 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