

Nov. 9 12:20:51 PM

Page 1 of 1

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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 : BARNETT, BOLT, KIRKWOOD, LONG &
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: _____

FLORIDA/FOREIGN LP/LLLP
Wullger Family Limited Partnership, LLLP

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

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B. BOSTICK

NOV 13 2012

EXAMINER

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

1. Wuliger Family Limited Partnership, 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. 3320 W. Wallcraft Avenue

(Street address of initial designated office)

Tampa, Florida 33611

3. Leslie J. Barnett

(Name of Registered Agent for Service of Process)

4. 601 Bayshore Boulevard, Suite 700

(Florida street address for Registered Agent)

Tampa, Florida 33606

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. 3320 W. Wallcraft Avenue

(Mailing address of initial designated office)

Tampa, Florida 33611

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:

Michael G. Wullger

3320 W. Wallcraft Avenue

Tampa, Florida 33611

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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 9th day of November, 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.

Michael G. Wullger
MICHAEL G. WULLGER

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

H12000268289