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SECRETARY OF STATE

84. Guttigan NOV 3 0 2012

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Florida Palms, Ltd.				
		rtnership or Limited Liability Limited Partnership			
The er	nclosed Certificate of Limited Partner	rship and fees are submitted for filing.			
Please	e return all correspondence concerning	g this matter to:			
Dian	a Pankova, Esq.				
	Contact Person				
Panko	ova Law Group, PL				
	Firm/Company				
2519	9 McMullen Booth Rd., Ste.	. 510-309			
	Address				
Clea	rwater, FL 33761				
	City, State and Zip Code				
	ova@pankovalaw.com_				
E-	-mail address: (to be used for future annual re	report notification)			
For fu	For further information concerning this matter, please call:				
Dian	a Pankova	at (727) 512-0371			
	Name of Contact Person	Area Code and Daytime Telephone Number			
Enclos	sed is a check for the following amou	int:			
	00.00 Filing Fees \$1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Filing Fees and Certified Copy \$1,061.25 Filing Fees Certified Copy, and Certificate of Status	ì.,		
Regist Division Clifton 2661 E	EET ADDRESS: cration Section on of Corporations n Building Executive Center Circle cassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			

CR2E030 (01/06)

FILED

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Florida Palms, 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. 2805 East Venice Avenue
(Street address of initial designated office)
Venice, FL 34292
3. Pankova Law Group, PL
(Name of Registered Agent for Service of Process)
4,2519 McMullen Booth Rd., Ste. 510-309
(Florida street address for Registered Agent)
Clearwater, FL 33761
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
(Mailing address of initial designated office)
Venice, FL 34292
7. If limited partnership elects to be a limited liability limited partnership, check box

\$8.75

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8. Name and business address of each general partner:

Certificate of Status (optional):