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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AR MANATEE, LLLP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Diana Pankova, Esq.

Contact Person

Pankova Law Group, PL

Firm/Company

2519 McMullen Booth Rd., Ste 510-309

Address

Clearwater, FL 33761

City, State and Zip Code

pankova@pankovalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Pankova

Name of Contact Person

at (727) 512-0371

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

FILED
12 DEC 27 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. AR MANATEE, 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. 4908 64TH DRIVE W.

(Street address of initial designated office)

BRADENTON, FL 34210

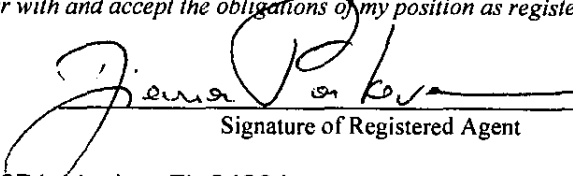
3. DIANA PANKOVA

(Name of Registered Agent for Service of Process)

4. 2519 McMullen Booth Rd., Clearwater, FL 33761

(Florida street address for Registered Agent)

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. P.O. Box 1974, Venice, FL 34284

(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

Name:

Business Address:

Venetian Development, LLC

2805 E. Venice Ave, Venice, FL 34292

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 26th day of December, 2012 2

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.

By: 

it's member MEMBER.

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75