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Advanced Incorporating Service, Inc.

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NAME OF ENTITY <u>CHLH FAMILY LIMITED PARTNERSHIP</u>	FOR OFFICE USE ONLY
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PICK ONE:

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FILING:

CORPORATION LLC LIMITED PARTNERSHIP GENERAL PARTNERSHIP
 FICTITIOUS NAME SERVICEMARK/TRADEMARK AMENDMENT
 FOREIGN QUALIFICATION JUDGMENT LIEN
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APOSTILLE/CERTIFICATION REQUEST:

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DATE _____ TIME _____

Notes: _____

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

1. CHLH FAMILY LIMITED PARTNERSHIP

(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 LLI.P.*

2. 2011 W. Cleveland Street, Suite A

(Street address of initial designated office)

Tampa, FL 33606

3. Jeffrey M. Lasman, Esq.

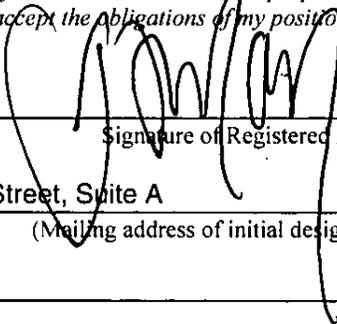
(Name of Registered Agent for Service of Process)

4. 1039 Professional Park Drive

(Florida street address for Registered Agent)

Brandon, FL 33511

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. 2011 W. Cleveland Street, Suite A

(Mailing address of initial designated office)

Tampa, FL 33606

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:

CHLH Family Management, LLC

2011 W. Cleveland Street, Suite A

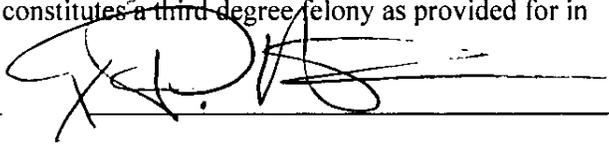
Tampa, Florida 33606

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 21st day of December, 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.



Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75