

**A13000000404**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000170454 3)))



H130001704543ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE  
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  
SME 2023 GRAT, Ltd,

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

RECEIVED

13 JUL 31 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 JUL 31 AM 7:52

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H13000170454

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

**FILED**  
2013 JUL 31 AM 7:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. SME 2023 GRAT, Ltd.

(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.P.P.  
or LLLP.

2. 756 Harbour Isles Court

(Street address of initial designated office)

North Palm Beach, FL 33410

3. David L. Koche

(Name of Registered Agent for Service of Process)

4. 601 Bayshore Boulevard, Ste. 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. 756 Harbour Isles Court

(Mailing address of initial designated office)

North Palm Beach, FL 33410

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

H13000170454

8. Name and business address of each general partner:

Name:

Business Address:

Esrick Enterprises II, Inc.

756 Harbour Isles Court

#P09000023197

North Palm Beach, FL 33410

FILED  
2013 JUL 31 AM 7:52  
SECRETARY OF STATE  
TALLAHASSEE, 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 7/31 day of 2013

Signature of each general partner:

ESRICK ENTERPRISES II, INC.

By: 

Steven M. Esrick, President

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

#688852

H13000170454