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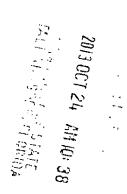
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL.
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		;

Office Use Only



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OCT 25 2013

COVER LETTER

TO: Registration Section Division of Corporations	
	1y Limited Partnership mership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partners	ship and fees are submitted for filing.
Please return all correspondence concerning	this matter to:
Penny K: Every	
Contact Person	in the second se
Jeffrey C. Sweet, Esquire	
Firm/Company	ur.
595 W. Granada Blvd., Suite	A
Address	<u> </u>
Ormond Beach, FL 32174	
City, State and Zip Code	
Penny.every@gmail.com E-mail address: (to be used for future annual re	and the strike of the strike o
E-man address: (to be used for future annual re	port normeation)
For further information concerning this matt	er, please call:
Penny K. Every Name of Contact Person	at (<u>386</u>) <u>677–3431</u> Area Code and Daytime Telephone Number
Enclosed is a check for the following amour	ıt:
\$1,000.00 Filing Fees \$1,008.75 Filing Fees 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

CR2E030 (01/06)

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

Robert L. Fisher Family Limited Partnership	·
(Name of Limited Partnership or Limited Liability Limited Partnership, which must is Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Liability Limited Partnership suffixes: Limited Liability Limited Liabi	
2. 2727 N. Atlantic Ave., # 801 & 802	- P
(Street address of initial designated office)	7
Daytona Beach, FL 32118	· č
3. Robert L. Fisher, Sr. (Name of Registered Agent for Service of Process)	
(wante of Registered Agent for Service of Frocess)	
4. 2727 N. Atlantic Ave., # 801 & 802	المامة المام المامة المامة المام
(Florida street address for Registered Agent)	C
Daytona Beach, FL 321187	
5. I hereby accept the appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent. Signature of Registered Agent	
6. 2727 N. Atlantic Ave. #801 & 802	
(Mailing address of initial designated office)	
Daytona Beach, FL 32118	
7. If limited partnership elects to be a limited liability limited partnership,	check box

Name:	Business Address:
RLF SR, INC.	2727 N. Atlantic ave., #801 & 802
	Daytona Beach, FL 32118
	-
	- Market Start - Tank Start St
	— ·
	
- No.	-
9. Effective date, if other than the date of fi	ing:
(Effective date cannot be prior to no filed by the Florida Department of S	more than 90 days after the date the document is ate.)
Signed this day of	September , 2013
Signature of each general partner: I/S stated herein are true. I/We am/are a document to the Department of States s.817.155, F.S.	Ve submit this document and affirm that the facts vare that any false information submitted in a constitutes a third degree felony as provided for in
RLF SA, NC. By: Robert L. Fisher, Sr., P	esident
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2