

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
Account Number : 073222003555
Phone : (561) 686-3307
Fax Number : (561) 471-0894

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bman@nasonyeager.com

FLORIDA/FOREIGN LP/LLP

Provenzano Family Limited Liability Limited Partnership

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

15 APR 22 8:10:00

STATE OF FLORIDA
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 APR 22 AM 8:09

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APR 23 2015
J. HARRIS

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

1. Provenzano Family Limited Liability 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 L.L.L.P

2. 1165 NE Doubloon Drive, Stuart, FL 34998

(Street address of initial designated office)

3. George E. Harding

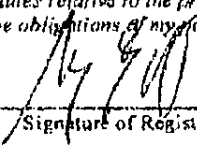
(Name of Registered Agent for Service of Process)

Nason, Yeager, Gerson, White & Lloce, P.A.

4. 1845 Palm Beach Lakes Boulevard, Suite 1200, West Palm Beach, FL 33401

(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. 1165 NE Doubloon Drive, Stuart, FL 34998

(Mailing address of initial designated office)

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

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8. Name and business address of each general partner:

Name:

Business Address:

Michael Provenzano

1165 NE Doubleton Drive, Stuart, FL 34996

Erica Provenzano

1165 NE Doubleton Drive, Stuart, FL 34996

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 20th day of April, 2015

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.

Michael Provenzano

Erica Provenzano

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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