

A1500000758

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.

((H15000282918 3)))



H150002829183ABC3

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 & KOCHER, P.A.
Account Number : 072731001155
Phone : (813) 253-2020
Fax Number : (813) 251-6711

FILED
2015 NOV 30 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Midado Family Partnership, LLLP

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,008.75

RECEIVED
15 NOV 30 PH 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

REC-1 = 2015

H15000282918

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

1. Midado Family Partnership, 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. 6112 North Florida Avenue

(Street address of initial designated office)

Tampa, FL 33604

3. Leslie J. Barnett

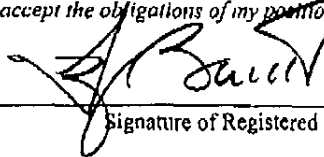
(Name of Registered Agent for Service of Process)

4. 601 Bayshore Boulevard, Suite 700

(Florida street address for Registered Agent)

Tampa, FL 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. 6112 North Florida Avenue

(Mailing address of initial designated office)

Tampa, FL 33604

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

FILED
2015 NOV 30 AM 8:31
SECRETARY OF STATE
PALM BEACH, FLORIDA

H15000282918

8. Name and business address of each general partner:

Name:

Business Address:

Fernandez Family Pot, LLC

6112 North Florida Avenue

Tampa, FL 33604

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 27th day of November, 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.

Fernandez Family Pot, LLC

By Miranda F. Jones
Miranda F. Jones, Manager

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

SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

2015 NOV 30 AM 8:31

FILED

H15000282918