A16000000312

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.

(((H16000157074 3)))

H160001570743ABC+

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 & KOCHE, P.A.
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
Hoyer Family Limited Partnership

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

2016 JUN 28 AM 2:55

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 28 AM 9:44

Electronic Filing Menu Corporate Filing Menu Help

JUN 29 2016
S. YOUNG

H16000157074

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

1. Hoyer 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 LLLP.

2. 4830 W. Kennedy Boulevard, Suite 550, Tampa, FL 33609-2589
(Street address of initial designated office)

3. Peter T. Kirkwood
(Name of Registered Agent for Service of Process)

4. 601 Bayshore Boulevard, Suite 700, Tampa, FL 33606
(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. 4830 W. Kennedy Boulevard, Suite 550, Tampa, FL 33609-2589
(Mailing address of initial designated office)

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 28 AM 9:44

H16000157074

H16000157074

8. Name and business address of each general partner:

Name:	Business Address:
Hoyer Holding, LLC	4830 W. Kennedy Blvd. Suite 550
	Tampa, FL 33609-2589

16 JUN 28 AM 9:44

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 June, 2016.

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.

Hoyer Holding, LLC

By: W. Christian Hoyer, 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**

H16000157074