

Division of Corporations

Page 1 of 2

A1700000085

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.

(((H170000483473)))



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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 : HENDERSON, FRANKLIN, STARNES & HOLT, P.
Account Number : 075410002172
Phone : (239) 344-1100
Fax Number : (239) 344-1529

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
Franklin Arms Associates, LP**

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

2017 FEB 21 AM 8:46
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
CORPORATION
17 FEB 21 AM 9:16

FEB 22 2017
J. HARRIS

FAX AUDIT NO. H17000048347 3

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

1. Franklin Arms Associates, LP

(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. 2450 Shenango Valley Freeway
(Street address of initial designated office)

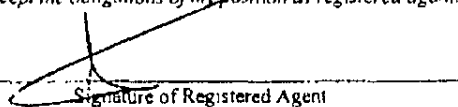
Hermitage, PA 16148

3. HF Registered Agents, LLC
(Name of Registered Agent for Service of Process)

4. 1715 Monroe
(Florida street address for Registered Agent)

Fort Myers, FL 33901

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. 2450 Shenango Valley Freeway
(Mailing address of initial designated office)

Hermitage, PA 16148

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

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17 FEB 21 AM 9:16

FAX AUDIT NO. H17000048347 3

8. Name and business address of each general partner:

| | |
|---|---|
| <u>Name:</u> | <u>Business Address:</u> |
| 217000024877 Franklin Arms Management, LLC | 2450 Shenango Valley Freeway Hermitage, PA 16148 |

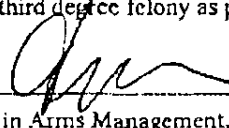
| | |
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| _____ | _____ |

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 19th day of February, 2017

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.

| | |
|-------|--|
| _____ |  |
| _____ | Franklin Arms Management, LLC, General Partner |
| _____ | Tyler M. Hudson, 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 |

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