

PLEASE HONOR SUBMISSION DATE OF 04.24.2018

A18000000179

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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10 APR 24 PM 2:29

SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LP/LLLP
Sparky Family Limited Partnership

Certificate of Status	0
Certified Copy	1
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PLEASE HONOR SUBMISSION DATE 04.24.2018

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M. MILLIGAN
MAY - 1 2018

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

STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE TAXES
18 APR 24 PM 2: 29

1. SPARKY 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. 50 E. Sunrise Avenue

(Street address of initial designated office)

Miami, FL 33133

3. Rosenthal Rosenthal Rasco LLC

(Name of Registered Agent for Service of Process)

4. 20900 N.E. 30th Avenue, Ste. 600

(Florida street address for Registered Agent)

Aventura, FL 33180

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.*

By: _____

Rosenthal Rosenthal Rasco

Signature of Registered Agent

6. 50 E. Sunrise Avenue

(Mailing address of initial designated office)

Miami, FL 33133

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

8. Name and business address of each general partner:

Name:

Business Address:

BENJ GP, LLC

50 E. Sunrise Avenue

Miami FL, 33133

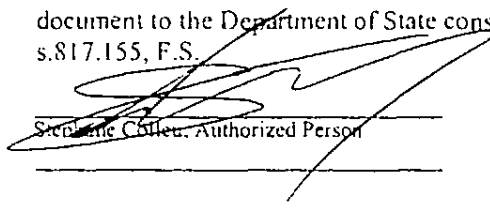
FILED
STATE DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
18 APR 24 PM 2:29

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 24th day of April, 2018.

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.



Stephanie Collier, Authorized Person

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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