

A180000000549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

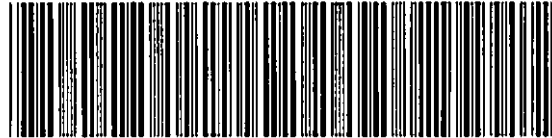
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300320103393

FILED

18 NOV -2 AM 4:10

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

18 NOV -2 PM 3:38

STATE OF FLORIDA
DIVISION OF CORPORATE
TALLAHASSEE, FLORIDA

K. SALY

NOV 5 2018

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 11/2/2018

Acc#I20160000072

en: c DW

Name:	Sefcik Family Partnership, LLLP
Document #:	
Order #:	11239219

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 1052.50

Thank you!

**CERTIFICATE OF LIMITED PARTNERSHIP OF
SEFCIK FAMILY PARTNERSHIP, LLLP**

FILED
18 NOV -2 AM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership (the "Partnership") under the laws of the State of Florida:

1. Name of the Partnership. The name of the Partnership shall be **SEFCIK FAMILY PARTNERSHIP, LLLP**.

2. Address of Designated Office. The records to be kept pursuant to *Florida Statutes* Section 620.1111 shall be located at 2420 Norfolk Road, Orlando, Florida 32803.

3. Agent for Service of Process. The name of the Partnership's agent for service of process is **EUGENIA R. SEFCIK**. The street address of the registered agent of the Partnership is 2420 Norfolk Road, Orlando, Florida 32803.

4. Name and Address of the General Partners. The names and addresses of the General Partners of the Partnership are as follows:


Name	Address
JOSEPH T. SEFCIK, JR.	2420 Norfolk Road Orlando, Florida 32803
EUGENIA R. SEFCIK	2420 Norfolk Road Orlando, Florida 32803

5. Mailing Address for the Partnership. The mailing address for the Partnership shall be 2420 Norfolk Road, Orlando, Florida 32803.

6. Term. The term for which the Partnership is to exist shall be in accordance with the Limited Liability Limited Partnership Agreement for the Partnership.

7. Limited Liability Limited Partnership. The Partnership elects to be a limited liability limited partnership.

DATED this 25th day of October, 2018.


JOSEPH T. SEFCIK, JR.


EUGENIA R. SEFCIK

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Dated: October 25, 2018.


EUGENIA R. SEFTIK

FILED
18 NOV -2 AM 4:10
STATE
TALLAHASSEE, FLORIDA