

12/26/2019

# A1900000596

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To:

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

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG, KOCHER  
Account Number : 072731001155  
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## FLORIDA/FOREIGN LP/LLLP Septem Family Partnership VI, Ltd.

Certificate of Status	1
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**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Septem Family Partnership VI, Ltd.

(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. 601 Bayshore Boulevard, Suite 700

(Street address of initial designated office)

Tampa, FL 336063. David L. Koche, Esq.

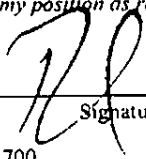
(Name of Registered Agent for Service of Process)

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 Agent6. 601 Bayshore Boulevard, Suite 700

(Mailing address of initial designated office)

Tampa, FL 336067. If limited partnership elects to be a limited liability limited partnership, check box ☐.

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## 8. Name and business address of each general partner:

Name:Business Address:

Septem Management VI, LLC

601 Bayshore Boulevard, Suite 700

Tampa, FL 33606

2019 DEC 26 PM 4:46  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

## 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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 23rd day of December, 2019

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.

Septem Management VI, LLC

By: DL

David L. Koche, Esq., Authorized Representative

**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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