

12/26/2019

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG, KOCHER & FOSTER
Account Number : 872731001155
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: tseemann@barnettbolt.com

FLORIDA/FOREIGN LP/LLLP Bellini Family Limited Partnership

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Estimated Charge	\$1,008.75

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

1. Bellini 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.C.P.,
or LLLP.

2. 601 Bayshore Blvd., Suite 700

(Street address of initial designated office)

Tampa, FL 336063. David L. Koche

(Name of Registered Agent for Service of Process)

4. 601 Bayshore Blvd., 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.

x



Signature of Registered Agent6. 601 Bayshore Blvd., 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:Bellini Family Office, Inc.601 Bayshore Blvd., Suite 700Tampa, FL 33606

2019 DEC 26 PM 4:46
 REC'D JAN 7 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.)

Signed this 26th 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.

BELLINI FAMILY OFFICE, INC.By: [Signature]David L. Koche, 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