

4/13/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H20000108503 3)))



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To:

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

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG, KOCH & FOSTER
Account Number : 072731001155
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

2020 APR 13 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LP/LLLP

MacDonald Family Limited Partnership, Ltd.

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

Electronic Filing Menu

Corporate Filing Menu

Help

H20000108503

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

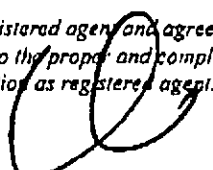
1. MacDonald Family Limited Partnership, Ltd.
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 1311 N. West Shore Boulevard, Suite 101A
(Street address of initial designated office)
Tampa, Florida 33607

3. 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.



Signature of Registered Agent David L. Koche

6. 1311 N. West Shore Boulevard, Suite 101A
(Mailing address of initial designated office)
Tampa, Florida 33607

7. 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:MacDonald Family Management, LLC1311 N. West Shore Blvd. Suite 101A
Tampa, Florida 33607MacDonald Family Management II, LLC1311 N. West Shore Blvd. Suite 101A
Tampa, Florida 336072020 APR 13 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.)

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 9th day of April, 2020

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.

MacDonald Family Management, LLCMacDonald Family Management II, LLCBy: By: 

David L. Koche, Authorized Representative

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

Page 2 of 2

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