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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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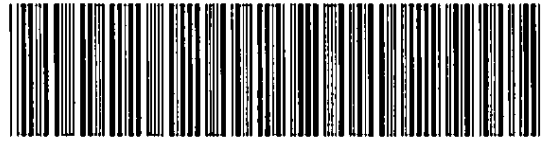
(Business Entity Name)

(Document Number)

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2020 APR 30 PM 2:06

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MAY 05 2020  
M. SOLOMON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Craig Bush Family LLLP  
\_\_\_\_\_  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Jerrad T. Howard  
\_\_\_\_\_  
Contact Person  
Dinsmore & Shohl LLP  
\_\_\_\_\_  
Firm/Company  
255 East Fifth Street, Suite 1900  
\_\_\_\_\_  
Address  
Cincinnati, OH 45202  
\_\_\_\_\_  
City, State and Zip Code  
Jerrad.Howard@dinsmore.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerrad T. Howard at (502) 540-2306  
\_\_\_\_\_  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (965 Filing Fee and \$35 Registered Agent Fee)  \$1,008.75 Filing Fees and Certificate of Status  \$1,052.50 Filing Fees and Certified Copy  \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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

1. Craig Bush Family LLLP

(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. 201 N. Franklin Street, Suite 3050, Tampa, FL 33602

(Street address of initial designated office)

3. Dinsmore & Shohl LLP, Attn: Jerrad T. Howard

(Name of Registered Agent for Service of Process)

4. 201 N. Franklin Street, Suite 3050, Tampa, FL 33602

(Florida street address for Registered Agent)

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

6. 201 N. Franklin Street, Suite 3050, Tampa, FL 33602

(Mailing address of initial designated office)

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

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TAMPA, FLORIDA

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