



H20000443786

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

1. Vandelay Family Partnership II, LP

(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. 3799 Flamingo Avenue

(Street address of initial designated office)

Sarasota, Florida 34242

3. David L. Koche

(Name of Registered Agent for Service of Process)

4. 601 Bayshore Boulevard, Suite 700

(Florida street address for Registered Agent)

Tampa, Florida 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

6. 3799 Flamingo Avenue

(Mailing address of initial designated office)

Sarasota, Florida 34242

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

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2020 DEC 30 PM 12:46

FILED

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

Name:Business Address:Vandelay Family Management II, LLC3799 Flamingo AvenueSarasota, Florida 34242RECEIVED  
FLORIDA DEPARTMENT OF STATE  
2020 DEC 30 PM 12:46

2020 DEC 30 PM 12:46

FILED

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 29th day of December, 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.

Vandelay Family Management II, LLCxDavid 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**

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