

2/17/21

Division of Corporations

A2100000070

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000066251 3))



H210000662513ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jmortensen@colombik.com

2021 FEB 17 PM 2:27

**FLORIDA/FOREIGN LP/LLLP
Colombik Family Limited Partnership**

| | |
|-----------------------|------------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$1,000.00 |

Electronic Filing Menu Corporate Filing Menu

Help (F3)

Fax Audit # H21000066251 3

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

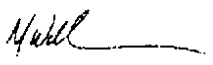
1. Colombik Family Limited Partnership
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability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

2. 11229 Boca Woods Lane
(Street address of initial designated office)
Boca Raton, Florida 33428

3. Business Filings Incorporated
(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road
(Florida street address for Registered Agent)
Plantation, Florida 33324

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.*

 Mark Williams, AVP, Business Filings Incorporated
Signature of Registered Agent

6. 11229 Boca Woods Lane
(Mailing address of initial designated office)
Boca Raton, Florida 33428

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

Fax Audit # H21000066251 3

8. Name and business address of each general partner:

| <u>Name:</u> | <u>Business Address:</u> |
|------------------------|--|
| <u>Robert Colombik</u> | <u>11229 Boca Woods Lane</u> <u>Boca Raton, Florida 33428</u> |
| <u>Rose Colombik</u> | <u>11229 Boca Woods Lane</u> <u>Boca Raton, Florida 33428</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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 16 day of Feb 2021

Signature of each general partner: We submit this document and affirm that the facts stated herein are true. 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.

Rose Colombik Robert Colombik
 Rose Colombik Robert Colombik

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
 Certified Copy (optional): \$52.50
 Certificate of Status (optional): \$8.75