

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

A2100000603

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.

((H21000399826 3)))



H210003998263ABC7

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 : DRUMMOND WEHLE YONGE LLP
 Account Number : I20050000133
 Phone : (813)983-8000
 Fax Number : (813)983-8001

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

Email Address: temple@dayfirm.com

2021 OCT 27 PM 3:18

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

FLORIDA/FOREIGN LP/LLLP
Chibani Family, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

SECRETARY OF STATE
 TALLAHASSEE, FL 32399

2021 OCT 27 AM 11:52

APPROVED
 AND
 FILED

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 28 2021

Drumblay

(((H21000399826 3)))

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

1. CHIBANI 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. 4928 St. Croix Drive
Tampa, Florida 33629

(Street address of initial designated office)

3. Temple H. Drummond, Esq.

(Name of Registered Agent for Service of Process)

4. 6987 East Fowler Avenue
Tampa, Florida 33617

(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. 4928 St. Croix Drive
Tampa, Florida 33629

(Mailing address of initial designated office)

(((H21000399826 3)))

APPROVED
AND
FILED
2021 OCT 27 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H21000399826 3)))

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



8. Name and business address of each general partner:

Name:

Business Address:

CHIBANI OPERATIONS, LLC

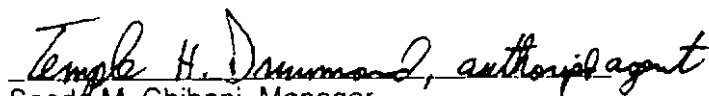
4928 St. Croix Drive
Tampa, Florida 33629

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 27th day of October, 2021.

Signature of each general partner:

Saade M. Chibani, Manager
of CHIBANI OPERATIONS, LLC, General Partner

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

(((H21000399826 3)))