

11/2/21 3 PM

Division of Corporations

A2100000618

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BARNETT, KIRKWOOD, KOCH, LONG & FOSTER, P.A.
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

FLORIDA/FOREIGN LP/LLP

Fink Five Capital, LP

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

*please form
AFTER
Fink Family
Office, Inc.,
also submitted
on 11/2/2021

NOV -3 2021

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

H21000406985

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

1. FINK FIVE CAPITAL, 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. 4201 W. Sylvan Ramble Street

(Street address of initial designated office)

Tampa, Florida 336093. David L. Koche

(Name of Registered Agent for Service of Process)

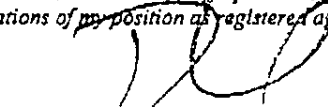
601 Bayshore Boulevard, Suite 700

4. _____

(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 David L. Koche

6. 4201 W. Sylvan Ramble Street

(Mailing address of initial designated office)

Tampa, Florida 336067. 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:

Fink Family Office, Inc.

4201 W. Sylvan Ramble Street

Tampa, Florida 33606

Fink Family Enterprises, LLC

4201 W. Sylvan Ramble Street

Tampa, Florida 33606

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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 29 day of October, 2021

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.

Fink Family Office, Inc.

Fink Family Enterprises, LLC

By: 

Scott Fink, President

By: 

Scott Fink, Manager

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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