

Certificate of Limited Partnership

A22000000077
FILED
February 07, 2022
Sec. Of State
msolomon

Name of Limited Partnership:

6329 FAMILY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

4900 GULF SHORE BLVD. N.
NAPLES, FL. UN 34103

Mailing Address of Limited Partnership:

PO BOX 110657
NAPLES, FL. UN 34108

The name and Florida street address of the registered agent is:

PHILIP GRAFFY
4900 GULF SHORE BLVD. N.
NAPLES, FL. 34103

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: PHILIP GRAFFY

The name and address of all general partners are:

Title: G
PHILIP GRAFFY
4900 GULF SHORE BLVD. N.
NAPLES, FL. 34103

The effective date for this Limited Partnership shall be:

02/07/2022

Signed this Seventh day of February, 2022

I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: PHILIP GRAFFY, MEMBER

The individual(s) signing this document affirm(s) that the facts stated herein are true and the individual(s) is/are aware that 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.