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8/16/22, 11:03 AM

Division of Corporations

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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

2022 AUG 16 PM 12:18

**FLORIDA/FOREIGN LP/LLLP
MAS Family Holdings, Ltd.**

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

*please form
AFTER
MAS Family
Management, LLC
(its general
partner), filed
on same day

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

AUG 16 2022

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

1. MAS Family Holdings, Ltd.

(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. 840 S. Delaware Avenue

(Street address of initial designated office)

Tampa, Florida 33606

3. David L. Koche

(Name of Registered Agent for Service of Process)

4. 601 Bayshore Blvd., Suite 700

(Florida street address for Registered Agent)

Tampa, FL 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.

X

Signature of Registered Agent

6. 840 S. Delaware Avenue

(Mailing address of initial designated office)

Tampa, Florida 33606

7. 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:MAS Family Management, LLC840 S. Delaware AvenueTampa, Florida 33606

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 16th day of August, 2022Signature of each general partner:
MAS Family Management, LLCBy: David 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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