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H230003669523ABC3

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Division of Corporations

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From:

Account Name : HILL WARD HENDERSON

Account Number : 072100000520 : (813)221-3900 Phone Fax Number : (813)200-5995

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

프론(Email Address:

## FLORIDA/FOREIGN LP/LLLP SOUTH STREET TRUST, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$1,052.50

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CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSLIIP OR

## LIMITED LIABILITY LIMITED PARTNERSHIP

1. (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 LULP.
2. 2523 W EDGEWOOD ROAD
(Street address of initial designated office)
TAMPA, FL 33606
3. ANDREW J. BROWN
(Name of Registered Agent for Service of Process)
4. 2523 W EDGEWOOD ROAD
(Florida street address for Registered Agent)
TAMPA, FL 33606
5. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to competity with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia with and accept the obligations of my position as registered agent.  Signature of Registered Agent
6. 2523 W EDGEWOOD ROAD
(Mailing address of initial designated office)
TAMPA, FL 33606
7. If limited partnership elects to be a limited liability limited partnership, check box .

Page 1 of 2

## (((H23000366952 3)))

<ol> <li>Name and business address of eac <u>Name:</u></li> </ol>	Business Address	<u>-</u>	
SOUTH STREET HOLDING COMPANY, LLC	2523 W EDGIEWOC	DD ROAD	
	TAMPA, FL 33606		
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<ol> <li>Effective date, if other than the da (Effective date cannot be prior to not</li> </ol>	te of filing:	the date the document is filed	hv
the Florida Department of State.)			
Note: If the date inscried in this bloc this date will not be listed as the doct	k does not incet the application in the series of the continuation in the continuation	cable statutory filing requirements the Department of State's reco	ent: ords
Signed this	day of LK lotek		
Signature of each general partner: 1/3	Ve submit this document	and affirm that the facts stated	<u> </u>
herein are true. I/We am/are aware the Department of State constitutes a thi	iat any l'alse information :	submitted in a document to the	;
SOUTH STREET TO WING X MPANY, LLC			
1.1.1		<u> </u>	
Androv J. Brown	<del></del> .	····_	
Filing Fees:	\$1,000.00 (\$965 Filing Fee \$52.50	and \$35 Registered Agent Fee)	
Certified Copy (optional): Certificate of Status (optional):	\$8.75		
•	Page 2 of 2		