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1. **STEVEN G. SMITH FAMILY LIMITED PARTNERSHIP**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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

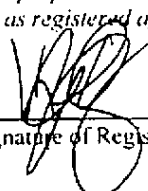
1. Steven G. Smith Family Limited Partnership
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or LLLP.

2. 2390 Tamiami Trail North, Suite #204
(Street address of initial designated office)
Naples, Florida 34103

3. Kyle B. Kelly
(Name of Registered Agent for Service of Process)

4. 2390 Tamiami Trail North, Suite #204
(Florida street address for Registered Agent)
Naples, Florida 34103

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. 2390 Tamiami Trail North, Suite #204
(Mailing address of initial designated office)
Naples, Florida 34103

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

SECRETARY OF STATE
TAMPA, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

Steven G. Smith Family Management LLC

1570 Bonita Lane

Naples, Florida 34103


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 15th day of February 2024

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.

Steven G. Smith, General Partner



Filing Fees:

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

Certified Copy (optional):

\$52.50