

7/17/24, 10:41 AM

Division of Corporations

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Florida Department of State  
Division of Corporations  
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To:

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

From:

Account Name : M. BURR KEIM COMPANY  
Account Number : I19990000242  
Phone : (215)563-8113  
Fax Number : (215)977-9386

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

Email Address: \_\_\_\_\_

FLORIDA/FOREIGN LP/LLLP  
408 MANATEE, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

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

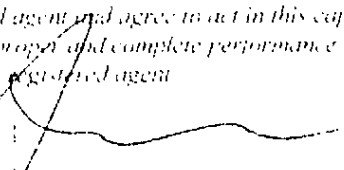
1. 408 MANATEE, L.P.  
*(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP*

2. 4129 ROBERTS POINT CIRCLE  
*(Street address of initial designated office)*  
SARASOTA, FL 34242

3. STEPHEN MITNICK  
*(Name of Registered Agent for Service of Process)*

4. 4129 ROBERTS POINT CIRCLE  
*(Florida street address for Registered Agent)*  
SARASOTA, FL 34242

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. 4129 ROBERTS POINT CIRCLE  
*(Mailing address of initial designated office)*  
SARASOTA, FL 34242

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

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