

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000219661 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5926

07 AUG 31

FLORIDA/FOREIGN LP/LLP

Fulchino Family LP

| Certificate of Status | 1 |
|-----------------------|------------|
| Certified Copy | 1 |
| Page Count | 08 |
| Estimated Charge | \$1,061.25 |

Electronic Filing Menu

Corporate Filing Menu

Help

H 07000219658

https://efile.sunbiz.org/scripts/efilcovr.exe

8/31/2007

CT CDRP

91:91 2002/16/80 920222098 T Hampion

PAGE 01/08

FULCHINO FAMILY LLC

CONSENT TO USE OF NAME

August 30 , 2007

Kurt S. Browning
Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Dear Kurt S. Browning:

The undersigned, being the sole Member of Fulchino Family LLC, a Delaware limited liability company, hereby grants consent on behalf of said limited liability company to the use of the name "Fulchino Family L.P." by Fulchino Family L.P. a Delaware limited partnership.

Sincerely,

FULCHING FAMILY LLC

Thomas P. Fulchino, Member

OT AUG 31 AM 8: 31

262261_1

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

| 1. FUICHING FAMILY CP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., CP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P or LLLP. | | |
|---|--|--|
| | imited partnership or limited liability limited partnership sess in Florids; must contain acceptable suffix.) | |
| Delaware | 3, August 30, 2007 | |
| (State or Country of Formation) | (Date of Formation) | |
| Paul E. Fulchino | | |
| | Agent for Service of Process) | |
| , 2643 Sheltingham Drive_ | | |
| (Florida struct ad | dross for Registered Agent) | |
| Wellington, Florida 33414 | | |
| comply with the provisions of all statutes relative and I am familiar with an accept the obligations. | d agent and agree to an in this capacity. I further agree to to the proper and complain performance of my dutien, of my positional registered agent. [Electron of Registered Agent Property of Registered Agent Prop | |
| 2643 Sheltingham Drive | | |
| (Princip | ej office address) | |
| Vellington, Florida 33414 | | |
| . If limited parmership is a limited liabi | lity limited partnership, check box | |

Page 1 of 3

SECPLIARY OF STALE DIVISION OF CORPORATIONS

| (Mailing address) O. Name, principal office address, and mailing address of each general partner: | | |
|--|-----------------------------|--|
| | | |
| (Name) | Wellington, (Spect Address) | |
| | same | |
| | (Mailing Address) | |
| (Name) | (Street Address) | |
| | (Mailing Address) | |
| (Name) | (Street Address) | |
| The state of the s | (Mailing Address) | |
| ender of the second | | |
| (Name) | (Street Address) | |
| temina in the second | (Mailing Address) | |

Page 2 of 3

SECRETARY OF STATE DIVISION OF BORPERATIONS

| (Name) | (Street Address) |
|---|---|
| | (Mailing Address) |
| (Name) | (Street Address) |
| | (Malling Address) |
| , | |
| 11. Effective date, if other than the date of | filing: |
| (Effective date cannot be prior to no filed by the Florida Department of S | r more than 90 days after the date this document is tate.) |
| to the delivery of this application to | ance duly authenticated, not more than 90 days prior the Plorida Department of State, by the Secretary of y of the entity's records in the jurisdiction under the |
| Signed this 30 day c | August ,20 07 |
| Signature of a general partner: Fulchine Full y little Thomas P. Fulchino, Member | <u></u> |
| | |

DIVISION OF CORPORATION OF AUG 31 AM 8: 31

Page 3 of 3

 \cdot ::



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF LIMITED PARTNERSHIP OF "FULCHINO FAMILY LP", FILED IN THIS OFFICE ON THE THIRTIETE DAY OF AUGUST, A.D. 2007, AT 4:32 O'CLOCK P.M.

4416210 8100 070974681



Namet Soula Hinden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5968652

DATE: 08-31-07

As and willing to the offer the above some offer and make the beginning to the artist the contraction of the

वित्तवर जिल्लामा है। अने क्रिकेट

Meshan 1121 pp and plant.

Delaware

PACE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FULCHING FAMILY LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF AUGUST, A.D. 2007.

4416210 8300 070974681



Variet Smith Hindre

Harriat Smith Windsor, Secretary of State

AUTHENTICATION: 5968653

DATE: 08-31-07

CT CORP

28/33/2007 pd:39 15174290922 Sometary of State Division of Corporations polivered 04:32 PM 08/30/2007 FILED 04:32 PM 08/30/2007 SRV 070974681 - 4416210 FILE

CERTIFICATE OF LIMITED PARTNERSHIP

OF

FULCHINO FAMILY LP

The undersigned, desiring to form a limited partnership pursuant to the Delaware Revised Uniform Limited Partnership Act, 6 Delaware Code, Chapter 17, does hereby certify as follows:

- 1) The name of the limited partnership is FULCHINO FAMILY LP.
- 2) The address of the Limited Partnership's registered office in the State of Delaware is The Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle, Delaware 19801. The name of its registered agent at such address is The Corporation Trust Company.
- 3) The name and malling address of the sole General Partner is as follows:

| Name | Address |
|---------------------|---|
| Fulchino Family LLC | 2843 Sheltingham Drive Wellington, Florida 33414 |

4) Pursuant to Paragraph 8.8 of the Limited Partnership Agreement, each Limited Partner appoints the General Partner as Attorney-in-Fact to make execute and deliver, swear to, acknowledge, file and record copies of the Limited Partnership Certificate.

IN WITNESS WHEREOF, the undersigned Fulchino Family LLC, in its capacity as sole General Partner of Fulchino Family LP, has executed this Certificate of Limited Partnership of FULCHINO FAMILY LP this 30 day of August, 2007.

FULCHINO FAMILY LLC, sole General Partner and Attorney in Fact for the Limited Partners of FULCHINO FAMILY LP

Thomas P. Fulchino, Mamber

262078_1

97.00

MICONY 1

Adames . 1

and the out of we