# Florida Department of State

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## FLORIDA/FOREIGN LP/LLLP BAKER FAMILY LIMITED PARTNERSHIP, L.L.L.P.

Certificate of Status	. 0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

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Electronic Filing Menu

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### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. BAKER FAM	ILY LIMITED PARTNERSI	HP, L.L.L.P.	
Acceptable Limited P.	artnership suffixes: Limited Partners	ility Limited Partnership, which must include suffix) hip, Limited, L.P., LP, or Ltd.	
		Limited Liability Limited Partnership, L.L.P. or LLLP.	
		NGS PARTNERSHIP, L.L.L.P.	
If name unavailable,	, name under which the limited partne business in Florid	rship or limited liability limited partnership proposes to reg la; must contain acceptable suffix.	ister to transact
2. COLORADO		<sub>3.</sub> 04/19/2010	
	te or Country of Formation	Date of Formation	
4. Federal Employer	Identification Number: 59-1963	<u>098</u>	역 <b>대</b>
5. Name of Registere	d Agent for Service of Process and	Florida Street Address:	AN S
ALAN S. GAS	SSMAN, ESQ.		> 10.5
1245 COURT	STREET, SUITE 102	O S	
CLEARWATI	ER, FL 33756	الله الله الله الله الله الله الله الله	
6. I hereby accept the of all statutes relat my position as regi	tive to the proper and complete perfor	agree to act in this capacity. I further agree to comply with manufactory and I am familiar with and accept the second sec	h the provision obligations of
	Signatu	re of Registered Agent	
7. Principal Office:		8. Mailing Address:	
1245 COURT	STREET, SUITE 102	1245 COURT STREET, SUITE 102	
CLEARWATI	ER, FL 33756	CLEARWATER, FL 33756	
9. If limited partner	ship is a limited liability limited par	tnership, check box .	
10. Name, principal	office address, and mailing address	of each general partner;	
Name of General	Partmer: ARCHIVE CORPORA	ATION Name of General Partner:	
	6914 ASPHALT AVE.		
	TAMPA, FL 33614		
Malling Address:		Mailing Address:	· · · <u>· · · · · · · · · · · · · · ·</u>
Name of General	Pariner:	Name of General Partner:	
Street Address: _		Street Address:	

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Name of General Partner:	Page 1 of 2  Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
11. Effective date, if other than the date of filing:_ (Effective date cannot be prior to nor more than 90 a	lays after the date this document is filed by the Flortda Department of State.)
	ticated, not more than 90 days prior to the delivery of this application to the e or other official having custody of the entity's records in the jurisdiction under
Signed this 19 day of Marc	sh <sub>20</sub> 15
B	Signature of a general partner
	facts stated herein are true and the individual is aware that false information constitutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees; Certified Copy (optional); Certificate of Status (optional);	\$1,000.00 (\$965 Filling Fee and \$35 Registered Agent Fee) \$52.50 \$8.75  Page 2 of 2  Page 2 of 2  Page 3 of 2

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE

1, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

### BAKER FAMILY LIMITED PARTNERSHIP, L.L.L.P.

is a Limited Liability Limited Partnership formed or registered on 04/20/2010 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20101218857.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/18/2015 that have been posted, and by documents delivered to this office electronically through 03/19/2015 @ 14:51:07.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 03/19/2015 @ 14:51:07 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9130276.



Maynen Williams

Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuence and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/htt/CertificateSearch('riteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuence of a certificate is merely optional and is not necessary to the valid and effective issuence of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Bustness Center and select "Frequently Asked Questions."