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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383
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FLORIDA/FOREIGN LP/LLLP
AKERMAN FAMILY LIMITED PARTNERSHIP

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$1,061.25

Help JUN 30 2017
J. HARRIS

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CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OF
AKERMAN LIMITED PARTNERSHIP

1. **Name:** The name of the limited partnership is **AKERMAN FAMILY LIMITED PARTNERSHIP.**

2. **Street address of initial designated office:**

816 Sorolla Avenue
Coral Gables, Florida 33134

3. **Mailing address of initial designated office:**

816 Sorolla Avenue
Coral Gables, Florida 33134

4. **Registered Agent for Service of Process Name and Address:** The name and address of the registered agent for service of process is:

Lamont Neiman & Interian, P.A.
100 N. Biscayne Blvd.
Suite #801,
Miami, Florida 33132

5. We hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statues relative to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent.

REGISTERED AGENT

By: 
Name: Alberto Interian
Title: Vice President

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6. **General Partner.** The name and business address of the general partner is:

General Partner Name:

General Partner Business Address:

Akerman Management, LLC,
a Florida limited liability company

816 Sorolla Avenue
Coral Gables, Florida 33134

L17000139943

Signature of general partner: We submit this document and affirm that the facts stated herein are true. We 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.

Signed this June 22, 2017 day of _____, 2017

GENERAL PARTNER:

Akerman Management, LLC,
a Florida limited liability company

By: John W. Akerman Sr.
Name: John W. Akerman Sr.
Title: Manager

Effective date: _____, 2017

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