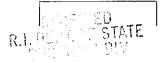


State of Rhode Island and Providence Plantations
Department of State - Business Services Division



2017 FEB - 3 PH 12: 07

Certificate of Registration

FOREIGN Limited Partnership

→ Filing Fee: \$100.00 minimum

Pursuant to the provisions of RIGL <u>7-13-49</u>, the undersigned foreign limited partnership hereby applies for a Certificate of Registration to transact business in the state of Rhode Island and for that purpose submits the following statement:

1. The name of the limited partnership is:

S.B.J. Resch Family Partnership, Ltd.

The name, if different, which it proposes to register and transact business in the state of Rhode Island is:

S.B.J. RESCH Fraily PANTAURSHIP L.P.

2. The limited partnership is organized under the laws of:3. The date of its formation is:FloridaAugust 28, 2000

4. The general character of the business it proposes to transact in Rhode Island is: Own and manage real estate

5. The name and address of the registered agent/office in Rhode Island is:

Agent Name Alden C. Harrington

Street Address (<u>NOT</u> a P.O. Box) 182 Waterman Street

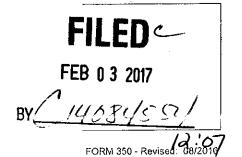
Clty/Town Providence	State RHODE ISLAND	Zip Code 02906
6. The Department of State is appointed the agent of the for-		

time there is no registered agent or if the registered agent cannot be found or served following the exercise of reaso diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited partnership is:

2900 7th Avenue East, Suite 200, Tampa, FL 33605

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



The second s					
8. The name and business address of ea	ch general partner i	s:			
GENERAL PARTNER	BUSINESS ADDRESS				
S.B.J. Resch Family, LLC	2900 7th Avenue East, Tampa, FL 33605				
James S. Resch, Managing Member					
9. The address of the office at which is ke contributions, together with an undertakin partnership's registration in this state is c 2900 7th Avenue East, Suite 200, Tamp	ig by the foreign limi ancelled or withdrav	ited partnership to I			
10. The mailing address for the foreign limited partnership is:					
Address 2900 7th Avenye East, Suite 20	00				
City/Town Tampa		State FL		Zip Code 33605	
11. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.					
Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Registration of a Foreign Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.					
Type or Print Name of General Partner				Date	
S.B.J. Resch Family, LLC James Resch, Managing Member			February 2, 2017		
Signature of General Partner					

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

## State of Florida **Department** of State

I certify from the records of this office that S.B.J. RESCH FAMILY PARTNERSHIP, LTD. is a limited partnership organized under the laws of the State of Florida, filed on August 28, 2000.

The document number of this limited partnership is A0000001330.

I further certify that said limited partnership has paid all fees due this office through December 31, 2017 and that its status is active.

I further certify that said limited partnership has not filed a Certificate of Withdrawal.



Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the First day of February, 2017

Ken Definn Secretary of State

Tracking Number: CU2636662465

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

## I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

## and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

