



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

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BUS. SVCS. DIV.

2017 FEB -3 PM 12:07

### Certificate of Registration

#### FOREIGN Limited Partnership

→ Filing Fee: \$100.00 minimum

Pursuant to the provisions of RIGL 7-13-49, 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 Family Partnership L.P.		
2. The limited partnership is organized under the laws of:	3. The date of its formation is:	
Florida	August 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 (NOT a P.O. Box) 182 Waterman Street		
City/Town Providence	State RHODE ISLAND	Zip Code 02906
6. The Department of State is appointed the agent of the foreign limited liability partnership for service of process if at any time there is no registered agent or if the registered agent cannot be found or served following the exercise of reasonable 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

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BY 14084557

FORM 350 - Revised: 08/2016

8. The name and business address of each general partner is:		
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 kept a list of the names and addresses of the limited partners and their capital contributions, together with an undertaking by the foreign limited partnership to keep those records until the foreign limited partnership's registration in this state is cancelled or withdrawn is:		
2900 7th Avenue East, Suite 200, Tampa, FL 33605		
10. The mailing address for the foreign limited partnership is:		
Address 2900 7th Avenue East, Suite 200		
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.		
<i>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.</i>		
Type or Print Name of General Partner S.B.J. Resch Family, LLC     James Resch, Managing Member		Date February 2, 2017
Signature of General Partner 		
SIGN DOCUMENT HERE		

# *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 A00000001330.

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 Ditzner*  
**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:

Nellie M. Gorbea  
*Secretary of State*

