

A09000000101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

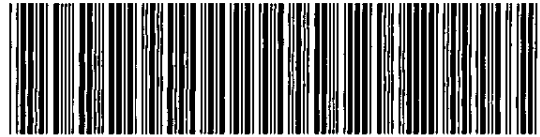
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

FEB 11 2009

EXAMINER



500142982075

02/09/09--01019--018 \*\*1000.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 FEB 10 PM 3:20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE HECHTKOPF FAMILY LIMITED PARTNERSHIP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Jo Burbridge  
(Contact Person)

Fisher & Sauls PA  
(Firm/Company)

100 Second Ave S. Suite 701  
(Address)

St. Petersburg, FL 33701  
(City, State and Zip Code)

For further information concerning this matter, please call:

Jo Burbridge at ( 727 ) 822 2033  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)     \$1,008.75 Filing Fees and Certificate of Status     \$1,052.50 Filing Fees and Certified Copy     \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status


**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**CERTIFICATE OF LIMITED PARTNERSHIP**  
**FOR**  
**THE HECHTKOPF FAMILY LIMITED PARTNERSHIP**

1. THE HECHTKOPF FAMILY LIMITED PARTNERSHIP  
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLP.
2. 100 Second Avenue South, Suite 701, St. Petersburg, Florida 33701  
(Business address of Limited Partnership)
3. Bonnie M. Hechtkopf  
(Name of Registered Agent for Service of Process)
4. 100 Second Avenue South, Suite 701, St. Petersburg, Florida 33701  
(Florida street address for Registered Agent)
5. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 FEB 10 PM 3:20

 (SEAL)  
Bonnie M. Hechtkopf

(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 18814 Roxanna Woods Drive, Lutz, Florida 33548  
(Mailing Address initial designated office)
7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of each General Partner:

Name:

Business Address:

Kobie Product Services, Inc.

100 Second Avenue South, Suite 701

St. Petersburg, Florida 33701

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Effective date, if other than the date of filing:

\_\_\_\_\_

*Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Dept of State).*

Signed this 6<sup>th</sup> day of February, 2009

Signature of each general partner:

**KOBIE PRODUCT SERVICES, INC., a  
Florida corporation**

By: Bonnie Hechtkopf (SEAL)  
Bonnie M. Hechtkopf, as its President

(General Partner

<b>Filing Fees:</b>	<b>\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)</b>
<b>Certified Copy (optional)</b>	<b>\$52.50</b>
<b>Certificate of Status (optional)</b>	<b>\$8.75</b>