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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

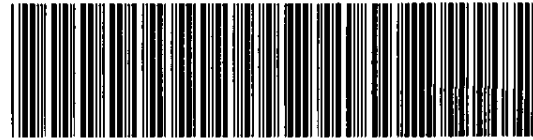
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 29 AM 11:12

T. HAMPTON

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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE LS PANTIN 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:

LUIS J. PANTIN

Contact Person

Firm/Company

2315 SUMMERBLOSSOM LN

Address

HOUSTON, TX 77077

City, State and Zip Code

luispantin1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A. Pestano

Name of Contact Person

at (954) 578-0016

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
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. THE LS PANTIN 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 LLLP.*

2. 2315 SUMMERBLOSSOM LN

(Street address of initial designated office)

HOUSTON, TEXAS 77077

3. BUSINESS SERIVES & SUPPORT NETWORK CORP

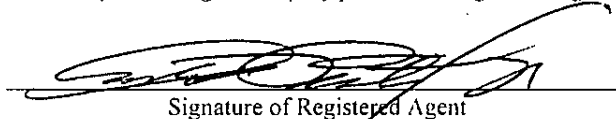
(Name of Registered Agent for Service of Process)

4. 7758 NW 44 ST

(Florida street address for Registered Agent)

SUNRISE, FLORIDA 33351

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.*


Signature of Registered Agent

6. 2315 SUMMERBLOSSOM LN

(Mailing address of initial designated office)

HOUSTON, TEXAS 77077

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:

LUIS J. PANTIN

2315 SUMMERBLOSSOM LN

HOUSTON, TX 77077

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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 Department of State.)

Signed this 01 day of February 2011.

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

Jois Pantin

[Signature]

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75