

A15 000000818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

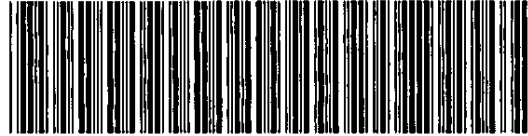
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W15-81970

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan DEC 28 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Haefner Investment Limited Partnership No. 2, LLLP
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:

Byron M. Eiseman

Contact Person

Friday, Eldredge & Clark, LLLP

Firm/Company

400 W. Capitol, Suite 2000

Address

Little Rock, AR 72201

City, State and Zip Code

gregoryhaefner@bellouth.net

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

For further information concerning this matter, please call:

Gregory R. Haefner

Name of Contact Person

at (305) 891-8877

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

CR2E030 (01/06)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2015

BYRON M. EISEMAN
FRIDAY, ELDRIDGE & CLARK, LLLP
400 W. CAPITOL, SUITE 2000
LITTLE ROCK, AR 72201

SUBJECT: HAEFNER INVESTMENT LIMITED PARTNERSHIP NO. 2, LLLP
Ref. Number: W15000081970

We have received your document for HAEFNER INVESTMENT LIMITED PARTNERSHIP NO. 2, LLLP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 115A00026813

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Haefner Investment Limited Partnership No. 2, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.,
or L.L.P.

2. 11620 NE 20th Drive

(Street address of initial designated office)

North Miami, FL 33181

3. Gregory R. Haefner

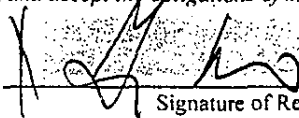
(Name of Registered Agent for Service of Process)

4. 11620 NE 20th Drive

(Florida street address for Registered Agent)

North Miami, FL 33181

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. 11620 NE 20th Drive

(Mailing address of initial designated office)

North Miami, FL 33181

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:

GRH Management Company, LLC

11620 NE 20th Drive

North Miami, FL 33181

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

(Effective date cannot be prior to nor more than 90 days before the date the document is filed by the Florida Department of State.)

Signed this 20th day of November, 2015

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.

GRH Management Company, LLC, General Partner

BY: [Signature]

Gregory R. Hartner, Sole Member

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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