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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

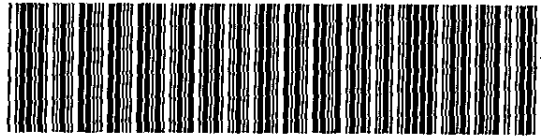
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 MAY 30 AM 8:25
TALLAHASSEE, FLORIDA

PETER SORGI
•CHARLES W. SULLIVAN, JR.
•DAVID SORGI
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SULLIVAN, SORGI AND DIMMOCK, LLP

ATTORNEYS AND COUNSELLORS AT LAW
FIFTY STANFORD STREET, SUITE 804
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CHARLES W. SULLIVAN
(1957-1994)

TELEPHONE: (617) 742-2150
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•ALSO MEMBERS OF THE FLORIDA BAR

May 29, 2003

Florida Dept. of State
Corporations Division
P. O. Box 6327
Tallahassee, FL 32314

RE: Ph-4 Ltd.

Dear Sir or Madam:

Enclosed are:

- 1) Certificate of Limited Partnership;
- 2) Statement of Qualification for Florida, LLLP;
- 3) Affidavit of Capital Contributions; and
- 4) Filing fee of \$112.50

If you have any questions, please do not hesitate to contact me.

Very truly yours,

SULLIVAN, SORGI & DIMMOCK, LLP

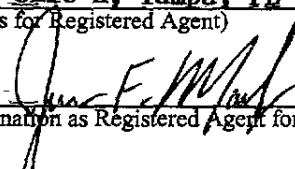
BY



DS:sb
Enclosures

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CERTIFICATE OF LIMITED PARTNERSHIP

1. PH-4 Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 4422 North Church Street, Unit H, Tampa, FL 33614
(Business address of Limited Partnership)
3. James F. Manley
(Name of Registered Agent for Service of Process)
4. 4422 North Church Street, Unit H, Tampa, FL 33614
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 4422 North Church Street, Unit H, Tampa, FL 33614
(Mailing Address of the Limited Partnership)

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TALMADGE COUNTY CLERK

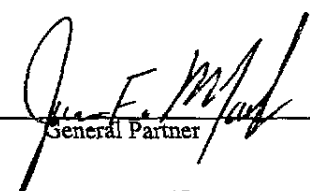
7. The latest date upon which the Limited Partnership is to be dissolved is: October 31, 2052
8. Name(s) of general partner(s): _____ Street address: _____

<u>JAMES F. MANLEY</u>	<u>4422 North Church Street</u>
_____	<u>Unit H</u>
_____	<u>Tampa, FL 33614</u>
_____	_____

Under penalties of perjury I (~~we~~) declare that I (~~we~~) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 27th day of May, 2003.

Signature of all general partners:

_____ General Partner	<u></u> General Partner
_____ General Partner	_____ General Partner
_____ General Partner	_____ General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of PH-4 Ltd.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 0

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 5,000.00

Signed this 27th day of May, 2003


FURTHER AFFLIANT SAYETH NOT.

Under the penalties of perjury I (~~we~~) declare that I (~~we~~) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner

General Partner

General Partner



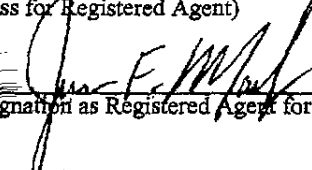
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General Partner

General Partner

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TALLAHASSEE, FLORIDA

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8. Name(s) of general partner(s): _____ Street address: _____

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_____	<u>Unit H</u>
_____	<u>Tampa, FL 33614</u>

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Signed this 27th day of May, 2003.

Signature of all general partners:

_____ General Partner	<u></u> General Partner
_____ General Partner	_____ General Partner
_____ General Partner	_____ General Partner

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General Partner

General Partner

General Partner



General Partner

General Partner

General Partner

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