

A05000001353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

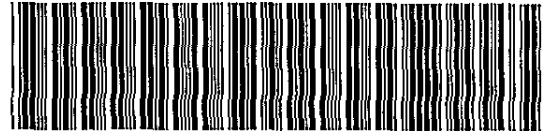
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400056724604

07/07/05--01022--003 \*\*5565.00

**FILED**  
05 JUL -7 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2803 W. Busch Blvd., Suite 112  
Tampa, Florida 33618-4517

Patricia A. Touchton  
Firm Administrator

**Harold L. Harkins, Jr.**

Attorney at Law & Personal Trustee  
813 / 933-7144 • Fax 813 / 933-6393

P.O. Box 274121  
Tampa, Florida 33688-4121

Sharon Scarinci  
Administrative Assistant

July 5, 2005

Limited Partnership Office  
Division of Corporations  
Florida Department of State  
PO Box 6327  
Tallahassee, FL 32314

RE: MEDEQP Family Limited Partnership

Dear Sir or Madam:

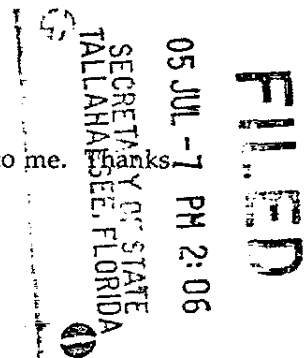
I am enclosing the original and one copy of a Certificate of Limited Partnership for the above captioned proposed Florida limited partnership to be effective upon filing. Also enclosed is a check for the following fees:

Anticipated amount of capital contributions	\$ 350.00
Certified copy of certificate of limited partnership	52.50
Registered agent fee	<u>35.00</u>
Total	\$ 437.50

Please file this Certificate of Limited Partnership and forward a certified copy to me. <sup>3</sup> Thanks

Sincerely,

*Harold L. Harkins, Jr.*



**Certificate of  
Limited Partnership Of**

**MEDEQP Family Limited Partnership**

---

We, the undersigned, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act, do hereby certify the following:

Name

1. The name of the limited partnership is:

MEDEQP Family Limited Partnership

Office  
Address

2. The limited partnership's office address is:

100 Beach Dr. NE # 2002  
Saint Petersburg FL 33701

Mailing  
Address

3. The mailing address of the limited partnership is:

100 Beach Dr. NE # 2002  
Saint Petersburg FL 33701

Registered  
Agent  
& Address

4. The name and address of the registered agent for service of process is:

Mark A. Piper  
100 Beach Dr. NE # 2002  
Saint Petersburg FL 33701

General Partners

5. The names and business addresses the General Partner is:

MEDEQP Management Co  
100 Beach Dr. NE # 2002  
Saint Petersburg FL 33701

POS-95837

Dissolution  
Date

6. The latest date upon which the limited partnership is to dissolve is:

May 14, 2053

Affidavit as  
to Capital  
Contribution

7. Attached hereto as Exhibit "A" is the affidavit of MEDEQP Management Co, General Partner, declaring the amount of capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners.

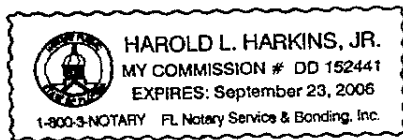
**FILED**  
05 JUL -7 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned executed this Certificate of Limited Partnership this July 5, 2005.

By Mark A. Piper  
MEDEQP Management Co General Partner

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

Acknowledgement     The foregoing Certificate of Limited Partnership was acknowledged before me this July 5, 2005, by Mark A. Piper, President of MEDEQP Management Co, who is personally known to me.



Harold L. Harkins, Jr.  
Harold L. Harkins, Jr.  
Notary Public - State of Florida

**Registered Agent**

Acceptance  
Of Duties     I hereby accept appointment as registered agent, and agree to comply with the of provisions of all statutes relative to the proper and complete performance of my duties and am familiar with and accept the obligations of § 620.192, Florida Statutes.

Mark A. Piper  
Mark A. Piper Registered Agent

**FILED**  
05 JUL -7 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Exhibit "A" To  
Certificate Of Limited Partnership Of

MEDEQP Family Limited Partnership

AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF LIMITED PARTNERS

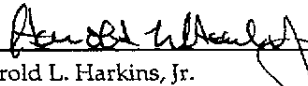
I, Mark A. Piper, President of MEDEQP Management Co, being duly sworn under oath, state as follows:

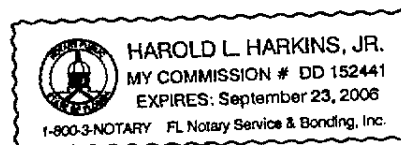
1. I am the General Partner of MEDEQP Family Limited Partnership, a Florida limited partnership (in formation), and I am authorized to make this affidavit on behalf of the limited partnership.
2. As of the date of execution of this affidavit, the amount of capital contributions of the limited partners to MEDEQP Family Limited Partnership is: \$ 50,000.00.
3. The total amount anticipated to be contributed by the limited partners to MEDEQP Family Limited Partnership, including the amount contributed to date as set forth above, is:  
\$ 50,000.00.

  
\_\_\_\_\_  
MEDEQP Management Co., General Partner

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

Subscribed and sworn to or affirmed before me on July 5, 2005, by Mark A. Piper, President of MEDEQP Management Co, general partner of the MEDEQP Family Limited Partnership, a Florida limited partnership (in formation) who is personally known to me.

  
\_\_\_\_\_  
Harold L. Harkins, Jr.  
Notary Public - State of Florida



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JUL - 7 PM 2:07

FILED