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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Entel Family LLP
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

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NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☒ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

CR2E031(7/97)

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

FILED
2006 MAY 31 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. (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.

ENTEL FAMILY LLLP

2. (Street address of initial designated office)

521 Mandalay Avenue, #902, Clearwater, FL 33767

3. (Name of Registered Agent for Service of Process)

Robert Entel, MD,

4. (Florida street address for Registered Agent)

521 Mandalay Avenue, #902, Clearwater, FL 33767.

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.*

Robert Entel, M.D.
Signature of Registered Agent

6. (Mailing address of initial designated office)

521 Mandalay Avenue, #902, Clearwater, FL 33767.

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:
Robert Entel, MD	521 Mandalay Avenue, #902 Clearwater, FL 33767
Irwin Leonard Entel, MD	1634 Santa Barbara Drive Dunedin, FL 34698

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

(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 25 day of May, 2006 .

Signature of each general partner:

Robert J. Entel, MD

Irwin Leonard Entel, MD

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