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Sovistate Rese  Requester's Name  Address  City/State/Zip Phone #	-5484	Office Use Only		
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):				
1. Entel Fami (Corporation Name)	(Document #)			
2. (Corporation Name)	(Document #)			
3. (Corporation Name)	(Document #)			
4.				
(Corporation Name)	(Document #)	<i>)</i> :		
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NEW FILINGS	<u>AMENDMENTS</u>			
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A Change of Registere Dissolution/Withdr	ed Agent		
OTHER FILINGS	REGISTRATION/QU	<u>ALIFICATION</u>		
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	•		
		Examiner's Initials		
CR2E031(7/97)		DAGMINICI STUINGIS		

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

Control of the contro 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.
Signature of Registered Agent

Page 1 of 2

7. If limited partnership elects to be a limited liability limited partnership, check box

(Mailing address of initial designated office)

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

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 filed by the Florida Department of State.)	days after the date the document is
Signed this 25 day of May, 2006.	
Signature of each general partner:	
19 Intel MO.	
Robert Entel, MD	
Quein Little Mil.	
Irwin Leonard Entel MD	

8. Name and business address of each general partner:

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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